Warwickshire Health and Wellbeing Board

Agenda

19th November 2014

A meeting of the Warwickshire Health and Wellbeing Board will take place at **Shire Hall, Warwick** on **Wednesday 19th November 2014 at 13:30.**

The agenda will be:-

1. (13.30 – 13.35) General

(1) Apologies for Absence

(2) Members' Disclosures of Pecuniary and Non-Pecuniary Interests.

Members are required to register their disclosable pecuniary interests within 28 days of their election of appointment to the Council. A member attending a meeting where a matter arises in which s/he has a disclosable pecuniary interest must (unless s/he has a dispensation):

- Declare the interest if s/he has not already registered it;
- Not participate in any discussion or vote;
- Must leave the meeting room until the matter has been dealt with (Standing Order 43); and
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

Non-pecuniary interests must still be declared in accordance with the new Code of Conduct. These should be declared at the commencement of the meeting.

(3) Minutes of the Meeting of the Warwickshire Health and Wellbeing Board on 22nd September 2014 and Matters Arising.

Draft minutes of the meeting are attached for approval.

2. (13.35 – 13.50)   Peer Challenge

> Judith Hurcombe, the LGA Peer Challenge Lead will give a presentation to the Board.

3. (13.50 – 14.05)   Briefing on Board Membership and Governance

> John Linnane

4. (14.05 – 14.20)   Health and Wellbeing Strategy

> Nicola Wright

5. (14.20 – 14.35)   Presentation on Social Care and Public Health Commissioning Intentions/Plans

> Chris Lewington and John Linnane

6. (14.35 – 14.50)   Coventry and Warwickshire's local response to Winterbourne View Hospital

> Rebecca Hale

7. (14.50 – 15.05)   Warwickshire Safeguarding Adults Board Annual Report 2013-14

> Wendy Fabbro

8. Any other Business (considered urgent by the Chair)

Further Information, Future Meetings and Events:

Health and Wellbeing Board Newsletter Link to Newsletter
Healthwatch Newsletter Link to Newsletter

Minutes of Safeguarding Boards, Joint Commissioning Boards and Health Protection Committees Link to Minutes

19 Jan. 2015   4-day Peer Challenge

Health and Wellbeing Board Membership

Chair: Councillor Izzi Seccombe (Warwickshire County Council)

Warwickshire County Councillors: Councillor John Beaumont, Councillor Jose Compton, Councillor Bob Stevens,

Clinical Commissioning Groups: Karen Ashby (Warwickshire North), David Spraggett (South Warwickshire), Adrian Canale-Parola (Coventry and Rugby)

Warwickshire County Council Officers: Wendy Fabbro - Strategic Director, People Group, Monica Fogarty - Strategic Director, Communities, John Linnane - Director of Public Health

NHS England: David Williams.

Healthwatch Warwickshire: Phil Robson

Borough/District Councillors: Councillor Neil Phillips (NBBC), Councillor Belinda Garcia (RBC), Councillor Michael Coker (WDC), Councillor Derek Pickard (NWBC), Councillor Gillian Roache (SDC)

General Enquiries: Please contact Paul Spencer on 01926 418615
E-mail: paulspencer@warwickshire.gov.uk

Minutes of the Meeting of the Warwickshire Health and Wellbeing Board held on 22nd September 2014.

Present:-

Chair

Councillor Izzi Seccombe

Warwickshire County Councillors (In addition to the Chair)

Councillor John Beaumont
Councillor Jose Compton
Councillor Bob Stevens

Clinical Commissioning Groups

Andrea Green (Warwickshire North CCG)
Dr Adrian Canale-Parola (Coventry and Rugby CCG)

Warwickshire County Council Officers
Wendy Fabbro – Strategic Director, People Group
Monica Fogarty – Strategic Director, Communities
Dr John Linnane – Director of Public Health

NHS England

David Williams

Healthwatch Warwickshire

Phil Robson – Chair

Borough/District Councillors

Councillor Michael Coker (Warwick District Council)
Councillor Belinda Garcia (Rugby Borough Council)
Councillor Neil Phillips (Nuneaton and Bedworth Borough Council)
Councillor Derek Pickard (North Warwickshire Borough Council)
Councillor Gillian Roache (Stratford District Council)

1.   (1) Apologies for Absence

>   Karen Ashby (Warwickshire North CCG)
>   David Spraggett (South Warwickshire CCG)

(2) Members' Declarations of Pecuniary and Non-Pecuniary Interests

Councillor Derek Pickard declared a non-pecuniary interest, as a member of the County Council's Adult Social Care and Health Overview and Scrutiny Committee.

(3) Minutes of the meeting held on 15th July 2014 and matters arising.

The Minutes were agreed as a true record.

2. Funding Transfer from NHS England to Warwickshire County Council 2014/15

Chris Norton, Strategic Finance Manager for the County Council's People Group presented this report on the funding transfer from health to social care. For 2014/15 this amounted to £10.23 million in Warwickshire. The payment was made via a Section 256 agreement between NHS England and the County Council. A copy of the agreement was appended to the report. NHS England required the Health and Wellbeing Board's approval to spending proposals, outcomes and monitoring arrangements. The report set out the proposed use of the transfer and how this would meet the criteria. From 2015/16, this fund would become part of the Better Care Fund.

In response to questions about expenditure levels and the methodology for funding, further information was provided on adjustments to funding amounts for 2014/15 and the aims of the fund for service provision at the boundaries of health and social care.

Resolved

That the Board approves the spending proposals, outcomes and monitoring arrangements, set out in the Section 256 agreement and, subject to the addition of appropriate NHS England spending codes, recommends it for approval by the County Council.

3. Warwickshire Special Educational Needs and Disability Reform Plan

Wendy Fabbro, Strategic Director for the People Group presented this report. Background was provided on the Special Educational Needs and Disability (SEND) reforms, the legislative requirements from the Children and Families Act and the action taken by the County Council to develop new processes to meet these requirements across partner agencies.

From 1st September 2014 the County Council had a duty to put in place new arrangements for SEND including a 'local offer' that met the relevant integrated education, health and social care needs of a child or young person with special education needs or disability The SEND reforms focussed on the following themes:

- Working towards clearly defined outcomes
- Engagement and participation of parents and young people (co-production)
- Developing a local offer of support and joint commissioning
- Coordinated assessments and education, health and care Plans
- Personalisation and personal budgets.

The report explained the proposals for extensive consultation, over a 12-week period and the areas that views would be sought on. The consultation would include public meetings and 'drop in' sessions. The outcome of the consultation would be evaluated by a reference group and then further reports would be submitted to the Board on 21st January 2015 and the County Council's Cabinet thereafter.

The Chair spoke about the importance of this item and the changes for those needing lifelong support. Board members commented on the challenges to achieve the timescales for completion of the process, the 'local offer' of services and the difficult decisions to balance finances. On the consultation process, the need for documents to be clear and in a variety of formats was stressed. Feedback from families had shown a preference for internet based information. The need for consistent and transparent services was also stated. An example was used on respite care to show how family based care would be of better quality, but more cost effective.

Resolved

That the Health and Wellbeing Board notes:-

1. The responsibilities on the local authority, working in partnership with other statutory agencies, parents, young people and children, to put in place new arrangements for Special Educational Needs and Disability.

2. That consultation is under way to develop and refine the 'local offer' to meet the integrated education, health and social care needs of children and young people aged 0-25 with special educational needs or a disability, which will be brought to the Health and Wellbeing Board for comment and the Cabinet for approval in January 2015

4. Introduction of Multi Agency Safeguarding Hubs

A report was introduced by Wendy Fabbro, which explained the purpose of Multi Agency Safeguarding Hubs (MASH). These gathered and reported complex information about a child or vulnerable adult in need, to assist in decision making, service provision to meet their needs and reduce risks to them. The report set out the critical factors to be taken into consideration in forming a MASH and examples were given of the arrangements in place elsewhere. An update was given on the current position in Warwickshire.

The Chair explained that there was an ongoing dialogue with the Police and Crime Commissioner on this subject. She spoke of the recent child protection issues in Rotherham and the need to give communities in Warwickshire confidence in the services being provided. Board members proposed that the Warwickshire MASH be progressed quickly. A further point discussed was ownership of care pathways and the need for agencies to work together.

Resolved

That the Health and Wellbeing Board receives the report and requests that the Warwickshire Multi Agency Safeguarding Hub be progressed.

5. Warwickshire's Refreshed Alcohol Implementation Plan

Paul Hooper, Group Manager, Community Safety and Substance Misuse presented the refreshed Alcohol Implementation Plan, which the Board was asked to endorse. Background was provided on the 'big conversation about alcohol' event in January 2014 and the subsequent approval of the revised Plan by the Warwickshire Drugs and Alcohol Management Group and the Safer Warwickshire Partnership Board.

Board members spoke about the enforcement role of district and borough councils related to premises licensing matters and the involvement of Public Health in such licensing applications.

Resolved

That the Health and Wellbeing Board endorses the new Warwickshire Alcohol Implementation Plan and encourages partners to support the plan fully and take action where required.

6. Better Care Fund Submission

Chris Lewington, Head of Strategic Commissioning at Warwickshire County Council presented a comprehensive report on the Better Care Fund (BCF) submission to NHS England. The report provided a

background and context, key issues following the Government's changes to the BCF in July and a summary of the policy changes affecting the BCF. A key aspect was the requirement for health and wellbeing boards to agree a target reduction in emergency admissions to hospital, of 3.5%, unless a credible case could be made for this percentage being lower. It was proposed to set the target for Warwickshire at 2.3% and the case for change from the national target was reported. Details were included of the requirements for the revised submission. The Board was reminded that a copy of the template and supporting documents had been circulated. Further sections of the report looked at the financial position and next steps for governance of the partnership arrangements.

The Chair recorded her thanks to Chris Lewington and colleagues for the work completed on the BCF, also noting the challenges created for many health and wellbeing boards by the changes to the BCF requirements and short timescales.

A concern was raised about lack of engagement with district and borough councils, particularly on housing aspects. It was confirmed that heads of housing were invited to nominate representatives to sit on the Joint Commissioning Board, a sub group of the Health and Wellbeing Board. However, it was acknowledged that time constraints had impacted on the communication strategy.

Resolved

That the Health & Wellbeing Board:

1. Notes the progress being made, and approves the Better Care Fund for submission to NHS England.

2. Approves the revision of the national target of 3.5% to 2.3%.

3. Approves the proposed spending proposals, outcomes, and monitoring arrangements set out in the submission.

7. Clinical Commissioning Group (CCG) 5-year Strategy and Individual Commissioning Intentions

Andrea Green, Chief Officer of Warwickshire North CCG gave a presentation to accompany the circulated report on the CCGs' 5-year strategy. The presentation showed the projected reduction in funding and increasing gap between income and costs, together with a future model of care. Each CCG was invited to present its commissioning intentions. Documents had been circulated by South Warwickshire CCG and the Coventry and Rugby CCG. The commissioning intentions of Warwickshire North CCG would be signed off by its governing body later in the week and circulated to the Board thereafter.

Gillian Entwhistle, Chief Officer of South Warwickshire CCG and Dr. Adrian Canale Parola, Chair of Coventry and Rugby CCG presented their respective commissioning intentions. Adrian Canale Parola spoke particularly about the financial stability of CCGs. An overview was provided by Andrea Green on the Warwickshire North CCG intentions. The 3 key focusses of the CCG were for healthy living, building services in the community and stabilising, whilst improving acute care in hospitals. She also referred to staffing aspects. There was a shortage of general practice doctors and the need to train and develop junior doctors and practice nurses to build capability. In some cases, surgeries could be brought together, to provide more specialist services, without the need for referral to hospital.

Dr. John Linnane, Warwickshire's Director of Public Health spoke about the clear linkages between the commissioning intentions, the Joint Strategic Needs Assessment and the emerging Health and Wellbeing Strategy. He agreed that there were increasing demands and reducing resources available.

Resolved

That the Board notes the reports from the clinical commissioning groups.

8. Progress on the Health and Wellbeing Strategy

Nicola Wright, Public Health Consultant for Wider Determinants of Health, provided a progress report on the revised Health and Wellbeing Strategy. This confirmed the three proposed priorities for the Strategy as promoting independence, community resilience and integration and working together. The Board was reminded of the Strategy workshop held on 1st September 2014. Following the initial consultation with the Board, a public and stakeholder consultation was now underway. A supplementary document had been circulated, to give an analysis of the feedback received to date, together with the emerging themes identified and suggested roles for the Board.

Monica Fogarty, Strategic Director, Communities referred to the recent peer review of the County Council and that planned for the Board in January 2015. This would assist the consideration of the future roles of the Board. The Chair added that the roles of Healthwatch and the Health Overview and Scrutiny Committee should not be ignored and she referred to the Memorandum of Understanding between the three bodies. It was confirmed that the Overview and Scrutiny Committee was looking at several areas of the Board's work. Receiving a report from district and borough councils on their complementary strategies and action plans was also suggested.

Resolved

That the Board notes the progress made to date and the consultation process for the Health and Wellbeing Strategy.

9. Healthwatch Presentation

Phil Robson, Chair of Healthwatch Warwickshire (HWW) explained his organisation's mission for 'the people of Warwickshire having an effective voice in improving health and social care across Warwickshire'. He referred to Healthwatch's role in representing consumers on the Board and questions were posed on how HWW could be more effective when influencing strategic issues and service quality issues. Subsequent slides showed some of the key issues being faced by partners and those for HWW. These included representing consumer interests and expectations and questioning whether the Board promoted practical solutions. He spoke about the composition of the Board and the representation of the voluntary sector. Further points were made on engagement with Social Care and its 'enter and view' powers. Len Mackin, HWW's Engagement Officer spoke about the service quality issues.

The Chair thanked HWW for the presentation. She responded to the points made about the composition of the Board adding that she wanted it to be an open meeting and an effective partnership that captured a broad cross section of views. It was felt that periodic updates could be provided from HWW via the Board's newsletter and the inclusion of a hyperlink in the agenda to the HWW website. Wendy Fabbro, invited HWW to participate in the relevant partnership groups concerned with social care.

Resolved

That the Board notes the presentation.

10. Director of Public Health's Annual Report – A Hidden Agenda

Dr. John Linnane presented his statutory annual report to the Board. It was accompanied by a presentation on the key messages of sexual health, immunisations and screening, emergency planning and outbreaks. Effective hand washing to stop the spread of infection and a health profile for the County were also provided. The format of the annual report was commended.

Resolved

That the Health and Wellbeing Board:

1. Notes and supports the 2014 Director of Public Health Annual Report.

2. Endorses the recommendations stated in the report.

3. Acknowledges and addresses the following specific recommendations :

   - For partner organisations to ensure they are meeting their responsibilities with regard to reducing the impact of hot and cold weather on the health of Warwickshire residents, as outlined in National Heatwave and Cold Weather plans, and to support Warwickshire Warm and Well initiatives through advice giving and signposting individuals to appropriate services.

   - For professional awareness needs to be raised in primary and secondary care, sexual health, and drug and alcohol services, with regard to who to screen or test for blood-borne viruses, and how to manage and refer positive cases, working to improve uptake of testing and vaccination.

   - To ensure infection control features in all contracts held with clinical or care providers, including primary and secondary care, social care, as well as licensed food venues, and ensure that contractual obligations are being met.

   - To work to maximise uptake in all screening programmes, through the sharing of detailed information between organisations (NHS England, Public Health England and Local Authorities), allowing targeted messages to be delivered to the appropriate groups and particularly to groups with low uptake.

   - For commissioners of health and social care providers to have seasonal flu vaccination of staff identified as a "duty of care" priority in their contracts.

11. Peer Review

The Chair referred Board members to the circulated briefing on the Health and Wellbeing Board's Peer Review, which would take place from 20-23 January 2015.

Resolved

That the Board notes the briefing.

12. Work Programme

The Board reviewed its work programme. It was noted that social care commissioning intentions would need to be added to the programme.

Resolved

That the work programme be updated.

13. Any Other Business

The Chair read a letter from the Chair of the Adult Social Care and Health Overview and Scrutiny Committee. This notified of the concerns over the future sustainability of the George Eliot Hospital NHS Trust. The Committee had requested regular updates from the Board on what was being done to address the strategic issues.

An update was provided following a recent meeting between Public Health, the Portfolio Holder for Health and providers on planning and future proofing of services. A letter had been sent to the Trust Development Agency about the reported concerns and a response was awaited. The benefits of sharing information and monitoring by the CCGs were noted. It was explained that the George Eliot Hospital AGM would take place this week. Joint working with other hospitals, to generate additional income and reduce waiting lists was a further point made.

The meeting rose at 16.00

………………………..Chair

Health and Wellbeing Board

19 November 2014

Health and Wellbeing Peer Challenge

Recommendations

1. **To review and endorse the preparatory work undertaken to date for Warwickshire's Health and Wellbeing Peer Challenge, January 2015**

2. **To approve the Positioning Statement at Appendix A, and to propose any additional content for inclusion such as Success Stories that demonstrate innovative practice**

1.0   Introduction

1.1   In May 2014, as part of its work programming activity, the Board agreed to commission a Peer Challenge to reflect on the Health and Wellbeing "system" in Warwickshire.

1.2   Following discussions with the Local Government Association (LGA), who undertake the Peer Challenge process, it was agreed that this will take place from 20th to the 23rd January 2015.

1.3   The host Board is required to make a number of preparations in advance of the Peer Challenge week, including the production of a Positioning Statement to set out the key themes it would like to be explored. The County Council is coordinating these preparations on behalf of the Board.

1.4   This report provides an update to the Board on preparations to date and asks for approval of the Positioning Statement (Appendix A), plus additional content.

2.0   Preparatory work

2.1   <u>Positioning Statement</u> – this has been drafted and subsequently revised following:
- Initial discussions with senior stakeholders about priority themes
- A consultation exercise with Board members and observers to identify local focus areas
- Feedback received on initial draft

2.2   <u>Participants</u> – the core list of participants, based on the LGA's suggested list, is enclosed at Appendix B for your information. There may be opportunity to add further participants, depending on availability and timetabling. It is

expected that participants will (as a minimum) attend a one-hour interview during the Peer Challenge week.

2.3 <u>Invitations</u> – initial invitations have been sent to the core participants, asking them to reserve time for interview. A final invitation, plus joining instructions, will be issued later when the timetable and venues have been finalised.

2.4 <u>Timetable</u> – the LGA has a standard format for Peer Challenges, which involves three workstreams running concurrently to maximise the use of time. Interviews will take place on Tuesday, Wednesday and Thursday, with the final day reserved for the Peer Team to provide initial feedback. There is a Board meeting on Wednesday 21st January, which the Peer Team will attend. A draft timetable is attached at Appendix C.

2.5 <u>Information Pack</u> – the LGA has requested significant background information in advance of the Peer Challenge week, which is currently being compiled by the County Council (see Appendix D). Partners are asked to consider the inclusion of any further information that may be of benefit to the Peer Team.

2.6 <u>Venues</u> – the County Council has offered to host the Peer Challenge at its Northgate House Conference Centre in Warwick. However, if activity can take place in different venues around the county, it would give the Peer Team a broader picture of the Health and Wellbeing system in Warwickshire. Partners are invited to nominate venues accordingly.

2.7 <u>Housekeeping</u> – the Council will coordinate all additional preparations, such as IT access, parking, catering, accommodation, papers, resources etc.

3.0 Next steps

The Board is asked to:
- Approve the Positioning Statement (Appendix A) and propose any additional content, such as success stories
- Review the participant list (Appendix B)
- Note the emerging timetable (Appendix C)
- Propose any supplementary documents for the Information Pack (Appendix D)

Background papers

None

	Name	Contact Information
Report Author	Richard Maybey	richardmaybey@warwickshire.gov.uk Tel: 01926 412753
Head of Service	Tricia Morrison	triciamorrison@warwickshire.gov.uk
Strategic Director	David Carter	davidcarter@warwickshire.gov.uk
Portfolio Holder	Kam Kaur	cllrkaur@warwickshire.gov.uk

Warwickshire County Council

LGA Peer Challenge

The Health and Wellbeing System in Warwickshire

Position Statement
January 2015

Foreword

The health and wellbeing system in Warwickshire, as in all areas of the country, relies on collaborative working between different partners. This requirement is growing as new legislation and funding arrangements come into force that specify improved integration of health and social care services.

Since April 2013, local collaboration between partners has become formalised through statutory Health and Wellbeing Boards, which have a remit to align strategies, prioritise actions, produce plans, minimise duplication, monitor progress and encourage partners to work in a more integrated manner.

After more than 18 months of operation, the Warwickshire Health and Wellbeing Board is seeking an external view on how effective we are in fulfilling this remit – and how we might be able to speed our progress towards a properly integrated health and wellbeing system as the Care Act and Better Care Fund move ever closer.

We look forward to welcoming the LGA Peer Challenge team to Warwickshire in January as critical friends to explore these aims and examine a number of other key themes, which are outlined within this Position Statement.

Cllr Izzi Seccombe
Chair of Warwickshire Health and Wellbeing Board

1. Introduction to Warwickshire

- Warwickshire is a two-tier shire county in the heart of the midlands, covering an area of 764 square miles.
- It was recently [ranked in the top ten best places to live](#) in the UK.
- Warwickshire has an estimated population of 548,000 across its five districts and boroughs:
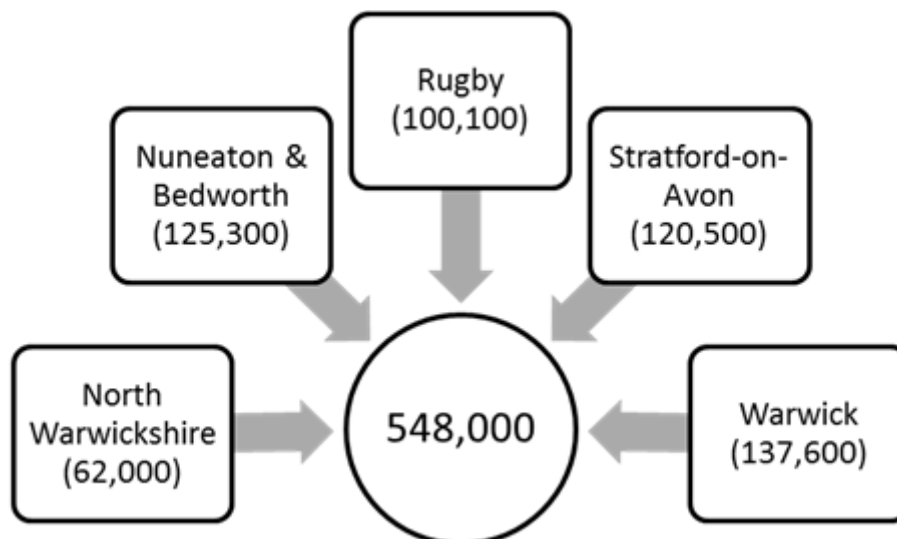
This has grown by 8% since 2001, and is projected to rise by a further 13.9% by 2037 to reach a total population of 623,900. The ageing population, particularly among the over-85s, is a major factor in that growth – especially as Warwickshire is seen as an attractive place to live in retirement. Also, during the last ten years there has been a significant increase in the annual number of births, up from 5,301 in 2002 to 6,273 in 2011, an increase of over 18%. At a district level, the largest increase has been in Rugby Borough (32%).

2. Health Profile of Warwickshire

According to Public Health England (PHE), "the health of people in Warwickshire is generally better than the England average". Specifically, this relates to factors including:

- Obesity levels in children and adults
- Children living in poverty
- Under-18 conception rate
- Smoking-related deaths
- Drug and alcohol misuse

Although these are positive indicators, comparisons with national averages are not the benchmarks by which health and wellbeing partners in Warwickshire judge success.

We recognise that there is significant variation in the level of health and wellbeing across the county – and these health inequalities tend to correlate to varying deprivation levels. For example, while average life expectancy in Warwickshire is better than the national average, PHE states that it "is 7.8 years lower for men and 7.4 years lower for women in the most deprived areas".

Deprivation in Warwickshire has typically been talked about in the context of a "north/south divide". The decline of the coal and manufacturing industries in the north during the 1980s led to high unemployment, which has led to long-standing deprivation, low aspiration and low attainment in certain communities. While the south has benefited from a rural topography; close connections to the prosperous southern regions; and renowned tourist attractions like Warwick Castle and Shakespeare's Stratford.

However, in recent years, a more localised understanding of inequity has developed, which goes beyond a simple north/south divide. Deprivation exists in pockets all across the county. There are severely deprived wards in the south, just as there are prosperous areas in the north. Furthermore, we are now able to drill down to much smaller geographic levels (such as Super Output Areas) and utilise Mosaic data to understand behaviour and needs at a hyperlocal level – potentially even individual households.

In conclusion, while the general level of health and wellbeing in Warwickshire is good, we face a significant challenge in reducing health inequalities (wherever they may be in the county), at the same time as championing further improvements in health and wellbeing for all residents.

3.   Key themes for the Peer Challenge
We welcome the five headline questions that the Peer Team will use to frame its review activity:

1. *Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?*
2. *Is the HWB at the heart of an effective governance system? Does leadership work well across the local system?*
3. *Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?*
4. *Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?*
5. *Are there effective arrangements for ensuring accountability to the public?*

These five questions will assist the Peer Team in assessing our progress towards better *integration of health and social care* services – which is the main driver for commissioning the Peer Challenge.

Integration is, of course, a requirement of the forthcoming Care Act and Better Care Fund. Therefore, we are also seeking a view on our readiness to *fulfil new legislative requirements* and the *robustness of our financial planning*.

Fundamental to these overarching themes is the strength of the Health and Wellbeing Board as a body in its own right. So we would like an assessment of the following qualities:

Leadership: the Board's *capability and capacity to lead* the health and wellbeing system in Warwickshire, and the extent to which that leadership is being driven *collectively by all partners.*

Governance: whether the current make-up of the Board, consisting of voting members and active observers, provides the right balance between *effective decision making and appropriate stakeholder engagement*.

Strategy and Planning: is the Board using its strategic position to influence a *Warwickshire-wide health and wellbeing "offer"*, which draws together the provision of all partners, and is there a *robust and integrated approach to planning*, both in terms of the Board's own agenda and the distribution of funding.

Relationships: given the complexity of having three Clinical Commissioning Groups, one of which also spans Coventry and therefore reports to two separate Health and Wellbeing Boards, how well are we *managing relationships* and how could we *operate better collectively as a single body*.

Operation: as with any partnership body, there is a danger that we all just go back to our day jobs and focus on organisational priorities, rather than the collective strategy. We'd like to understand *to what extent the Health and Wellbeing Strategy is being embedded* across our partner organisations and whether *partner priorities are informed by the best available information*, such as the JSNA.

Fig. 1: Focus areas for the Peer Challenge
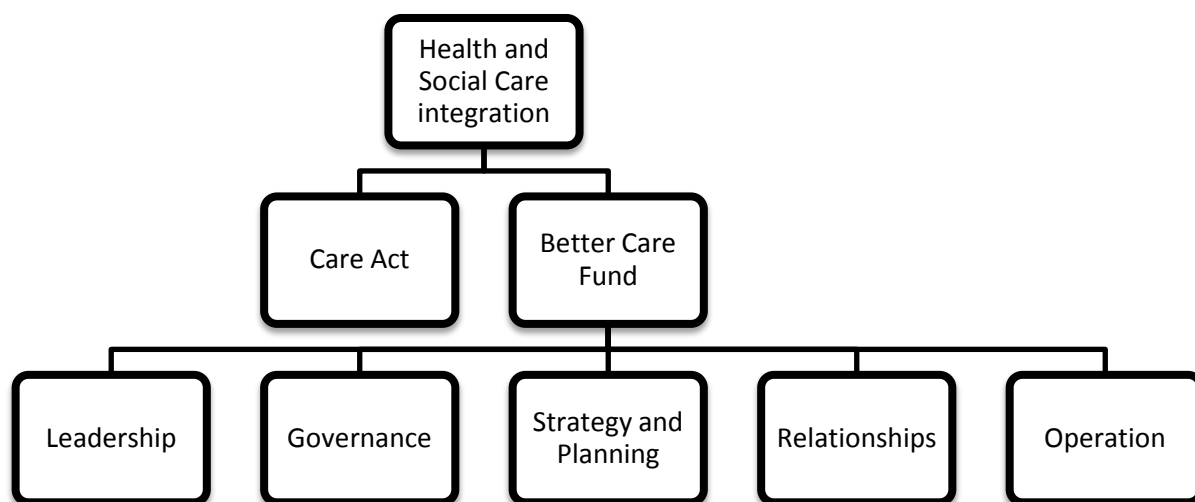
4.   History of the Board

The formation of the Warwickshire Health and Wellbeing Board followed the suggested process laid out in the Health and Social Care Act 2012. A "shadow" Board was established on 15 May 2012, in preparation for the statutory Board coming into effect from 1 April 2013.

The current terms of reference and membership of the Board are available via the Warwickshire Health and Wellbeing website and are also included within the Peer Challenge Information Pack.

In May 2014, following 12 months of operation in full form, the Board undertook a review of its activities and priorities. This process identified a number of achievements:

- Successful transition from shadow to statutory form
- Development of relationships, both internally and between partners
- Memorandum of Understanding for the Board's working relationships with Overview & Scrutiny and Healthwatch
- Agreement of the Board's performance indicators
- Joint workshop with Coventry Health and Wellbeing Board to develop a consistent message and culture

5.   Current activity of the Board

During 2014/15, a major focus has been the production and implementation of the second Health and Wellbeing Strategy – approved by the Board in November 2014 *[TBC]*.

In July 2014, the Board agreed on the approach to the review of the Strategy and on the three new proposed three new priorities, as follows:
- Priority 1: Promoting Independence
- Priority 2: Community Resilience
- Priority 3: Integration and Working Together

In addition, the 2014/15 JSNA Review has informed the Board's priorities, which are aligned to those identified both nationally and locally by workshops with partners and stakeholders:
- Children and young people
- Mental wellbeing
- Long-term conditions
- Physical wellbeing
- Carers

An ongoing challenge for the Board is to support partners in making their required savings, while still improving the overall health and wellbeing offer. Imaginative solutions and effective relationships are essential to this process – and it is hoped that the recommendations of the Peer Challenge will help support this.

6.   Self-assessment

A number of reflections have been made in preparing for this Peer Challenge, particularly around the functionality of the Board. We would summarise these as follows, against the LGA's five headline questions:

1. *Is there a clear, appropriate and achievable approach to improving the health and wellbeing of local residents?*

There is a lack of clarity about the Board's role in relation to health improvement. Partners are unclear if the Board is there to approve/endorse decisions made by others; whether it should be challenging decisions; and at what strategic level it should operate. The Board is aware of the local complexity of having three CCGs, one of which spans Coventry and also reports to their Board, and we are striving to manage this to ensure consistency – but is our approach right?

2. *Is the HWB at the heart of an effective governance system? Does leadership work well across the local system?*

Warwickshire is a county with multiple district and boroughs, CCGs and providers. Currently, there is a clear delineation between voting members and active observers, but is the composition right? Are all the relevant stakeholders represented? Is the political balance appropriate? Is the governance structure agile enough to keep pace with the rapidly changing national picture? Healthwatch has its place on the Board, but is the voluntary and community sector properly represented and engaged? Other Boards have representation from local schools, colleges and universities – should we pursue this locally?

3. *Are local resources, commitment and skills across the system maximised to achieve local health and wellbeing priorities?*

The Health and Wellbeing system in Warwickshire is possibly too focused around the Board as a formal committee of the County Council, rather than as a strategic partnership that sets shared objectives for all of its members. A key objective for the future is to achieve collective ownership and a collective commitment to shared goals.

Enabling all members to take more of a lead could help the Board realise that partnership vision. It would help with agenda planning and co-production of reports, ensuring that its activity is properly inclusive and reflective of all stakeholder issues. This collective ownership and commitment would encourage the Health and Wellbeing Strategy to become more embedded within each organisation's culture, maximising the likelihood of the health and wellbeing priorities being achieved.

4. *Are there effective arrangements for evaluating impacts of the health and wellbeing strategy?*

The embedding of the Health and Wellbeing Strategy is certainly an area of development for all partners. There is a natural tendency to revert to our individual organisation's priorities when back in the day job. Embedding the Health and Wellbeing priorities, and utilising common sources of data and intelligence such as the JSNA to inform plans and decisions, will see a more joined up and integrated system. In turn, this will create the conditions by which the Board can identify local outcomes, set work themes, collectively resource initiatives, monitor impacts and put in place action plans. But how do we get to that point?

5. *Are there effective arrangements for ensuring accountability to the public?*

A Memorandum of Understanding has been agreed between the Board and the Health Overview & Scrutiny Committee, which acts as a critical friend and seeks to hold the Board to account for the delivery of its statutory obligations. This agreement has been in place for just over a year, so we need to understand whether it is effective, whether all partners understand the relationships in place, and whether appropriate arrangements are in place for the public to freely and easily engage.

7.   The future

The integration of health and social care is firmly set as an objective by all the main political parties. Therefore, although we approach the end of the current Parliament, the drivers for integration are only likely to get stronger.

In a recent Corporate Peer Challenge of Warwickshire County Council, a key recommendation was that the Health and Wellbeing Board should take a lead on driving forward health and social care integration. The Peer Team recognised that the Board was best placed, with the right people and the right abilities, to shape a shared health and wellbeing system.

With this recommendation in mind, and with 18 months of operation behind us, the Board believes that now is the right time to reflect on our progress (the successes, the challenges and the areas for improvement) with a view to strengthening our ability to shape and influence moving forwards.

Our long-term ambition is for the people of Warwickshire to have equitable access to sustainable, relevant and joined-up health and wellbeing services, driven by shared leadership. The system would be governed by Warwickshire-wide strategies, built on shared evidence and agreed objectives, that seek to achieve meaningful outcomes for residents.

We hope that the Peer Challenge will help us to focus our improvement efforts in support of this ambition – and we look forward to welcoming you to Warwickshire.

Success stories *[to be distributed throughout the document]*

JSNA Prioritisation Process
As part of the 3-year review of our JSNA, we developed a tool to evaluate the level of 'need' and objectively assess the strength of evidence behind a range of priority topics suggested by partners.

Each topic was run through the tool and the relevant evidence was assessed with 'high', 'medium' or 'low' scores given against each particular criteria. The outcomes from this process are informing the next iteration of our JSNA and provide the underlying evidence base for the new Joint Health and Wellbeing Strategy.

We consider this to be an example of good practice as it provided ownership to partners, while ensuring that our overall assessment of need was still robust and transparent.

Health and Wellbeing Portal
Based on feedback from healthcare professionals, partners, patients and the public, we have developed a single point of access for health improvement service information.

The Health and Wellbeing Portal provides a directory of information and services, all supported by a robust evidence base, that practitioners can signpost people to. The system is fast, easy to use, up to date and reliable, and has been developed in partnership by the Council, the CCGs and health partners.

Living in Warwickshire Survey
As part of our JSNA work, it was acknowledged that a lack of robust intelligence existed on the lifestyle characteristics of the local population and the perception of residents with regard to local public services.

To address this gap in knowledge, the Health & Wellbeing Board sponsored a large-scale survey of local people which focused on issues around 'Living in Warwickshire'.

More than 7,500 people completed the survey, which was a significant response rate, and the results have provided valuable perception-type data about life in Warwickshire, use and satisfaction with public services, and also health and lifestyle intelligence - all of which has informed the latest JSNA and Health & Wellbeing Strategy.

Sexual Assault Referral Centre (SARC)
Established in 2010 to develop services for victims of sexual assault, the SARC is a purpose-built centre for adults, children and young people in Coventry and Warwickshire. The wide range of partners involved ensures a rapid response to any issues thanks to strong connections to other departments within each organisation. As a result of the SARC, the number of victims supported (either through self-referral or via the police) increased from 57 in 2012-13 to 276 in 2013-14.

Joint action to address wider determinants of health
A joint workshop was held recently, organised by the Regulatory Services and Public Health departments of both Coventry and Warwickshire, to consider what joint action could be taken to address the wider determinants of health.

Over 100 representatives from public health, planning, licensing, environmental health, transport, trading standards, housing and the Health and Wellbeing Boards were present. It provided an opportunity to reflect on the progress made over the previous 12 months, and for delegates to learn about the contribution of different departments to the health and wellbeing agenda.

Planning for Healthier Communities
A 'healthier communities' summit took place in July 2014 – attended by around 90 people from various professions, public bodies and voluntary organisations – with the goal of enhancing collaboration and gaining a better understanding of each other's priorities.
Pledges were made by all at the event to take forward the learning from the day and ensure that collaborative planning for healthier communities continues to be supported, such as:
- Closer working with internal and external partners
- Proactive liaison and collaboration on programmes of work and projects
- Sharing of locality profiles to assist planning teams
- Health Impact Assessments commissioned at the appropriate planning stage

Dementia Friendly Communities
Coventry and Warwickshire have developed a local Dementia Action Alliance to make the region a good place to live for people with dementia and their carers. The Alliance has helped to:

- Provide extensive frontline staff training around dementia awareness
- Create dementia friendly environments in services and buildings accessed by people with dementia
- Raise dementia awareness in the wider community via a range of promotional activities and campaigns

Underpinning this is a jointly agreed Living Well with Dementia Strategy, developed in partnership by each authority's public health teams, the three CCGs, hospital trusts, third-sector organisations, carers and people with dementia.

We have also developed an easy-to-use web-based portal, providing information about how to live well with dementia and links to local sources of support and services
www.livingwellwithdementia.org

Declaration on Tobacco Control
In July 2013, the Warwickshire Health and Wellbeing Board joined other local authorities in endorsing the LGA Tobacco Control Declaration and committing to drive down smoking prevalence and tobacco use.

Warwickshire was the first shire county to sign the declaration and Cllr Seccombe, Chair of the Health and Wellbeing Board, was invited to speak at the Parliamentary launch.

Local Response to Winterbourne View
Reflecting the nature of our local health commissioning arrangements, a multi-agency 'Strategic Action Planning Group' was established across Coventry and Warwickshire to respond to the requirements of the Winterbourne View concordat and oversee the change process. A live register of patients has been established, which differentiates between patients currently in hospital (phase 1) and those in various types of residential establishments (phase 2).

The Health and Wellbeing Board takes an active role in monitoring the local response to the concordat, and receives regular updates on how changes are being embedded. These updates are presented in a clear and transparent format, using a bespoke 'Getting Things Right' toolkit developed by the West Midlands divisions of ADASS and the NHS.

Joint Commissioning Board (JCB)
The JCB is part of the governance structure for managing joint commissioning and the integration of services across the health and social care system in Warwickshire. It manages and coordinates partnership activity, including the Better Care Fund (BCF) Programme.

Relatively speaking, the JCB is fairly new and relationships are maturing. It has successfully engaged with acute trusts and district/borough councils, and is seeking to bring in other local stakeholders, such as General Practitioners and the community and voluntary sector

Health and Wellbeing Peer Challenge 2015 – Participants

Warwickshire County Council	
Leader	Cllr Izzi Seccombe
Portfolio Holder Health	Cllr Bob Stevens
Portfolio Holder Adults	Cllr Josie Compton
Portfolio Holder Education & Learning	Cllr Colin Hayfield
Chief Executive	Jim Graham
Director of Public Health	Dr. John Linnane
Directors	Wendy Fabbro Monica Fogarty David Carter Andy Hickmott
Chair of Health Scrutiny	Cllr Maggie O'Rourke
Leader(s) of the Opposition	Cllr June Tandy
Research/intelligence officer (JSNAs)	Jenny Bevan Gareth Wrench
Head of HR & OD	Sue Evans
Public Health consultants	Helen King Dr Kathryn Millard Rachel Robinson Dr Nadia Inglis Nicola Wright
Public Health commissioners	Paula Mawson Claire Taylor Emily Fernandez Fran Poole Jane Dowsett Etty Martin Paul Hooper Sue Wilde
Heads of Service	Jenny Wood Christine Lewington Marie Seaton Nigel Minns Hugh Disley Mark Ryder Phil Evans Graeme Fitton Kushal Birla
Healthwatch	
Chief Executive	Chris Bain
Chair	Phil Robson
Clinical Commissioning Groups	
Accountable Officers	Gillian Entwhistle Andrea Green Juliet Hancox
Districts and boroughs	
Planning, Housing and Leisure Heads of Service	Richard Dobbs (NW) Angela Coates (NW) Simon Powell (NW) Ian Powell (NBBC)

	Dawn Dawson (NBBC) Phil Richardson (NBBC) Anna Rose (RBC) Steven Shanahan (RBC) Tracy Darke (WDC) Andrew Thompson (WDC) Rose Winship (WDC) Robert Weeks (SDC) Dave Webb (SDC) Tony Perks (SDC)
Health Portfolio Holders	Cllr Derek Pickard (NWBC) Cllr Neil Phillips (NBBC) Cllr Leigh Hunt (RBC) Cllr Gillian Roache (SDC) Cllr Michael Coker (WDC)
Chief Executives	Jerry Hutchinson (NWBC) Alan Franks (NBBC) Ian Davis/Adam Norburn (RBC) Paul Lankester (SDC) Chris Elliot (WDC)
Stakeholders	
Key health partners	Glen Burley (SWFT) Kath Kelly / Chris Bradshaw (GEH) Rachel Newson (CWPT) Andy Hardy / Andy Meehan (UHCW) Dr David Spraggett (SWCCG) Dr Adrian Canale-Parola (C&RCCG) Cllr Belinda Garcia (RBC) Jacqueline Barnes (Chief Nursing Officer) David Williams (NHS England) Sue Ibbotson (PHE Centre) Ambulance Trust lead
Service users and providers, to be invited via:	Mental Health User Group Transformation Assembly LD Partnership Board VOX Children in Care Council Public and Patient Engagement Group Providers Forum
Economy	Martin Yardley
Police	Ron Ball Andy Parker
VCS	Paul Tolley (WCAVA) Victoria Jones (WCVYS)
Schools/FE/HE	Stella Saje (Chair of Schools Forum) Marion Plant (NW&H College) Mary Heslop (Warwickshire College) Nigel Thrift (Warwick University) John Latham (Coventry University)

Warwickshire Health and Wellbeing Peer Challenge: Timetable of Activity

TUESDAY	Workstream 1	Workstream 2	Workstream 3
08:30	**Arrival** Introduction to facilities, base room and ICT		
10:30	**Kick-off meeting** Peer Team and senior stakeholders		
11:00	*Interviews*	*Interviews*	*Interviews*
12:00	*Interviews*	*Interviews*	*Interviews*
13:00	*Lunch*		
13:30	*Interviews*	*Interviews*	*Interviews*
14:30	*Interviews*	*Interviews*	*Interviews*
15:30	*Interviews*	*Interviews*	*Interviews*
16:30	*Interviews*	*Interviews*	*Interviews*
17:30	**Peer Team catch-up meeting**		

Warwickshire Health and Wellbeing Peer Challenge: Timetable of Activity

WEDNESDAY	Workstream 1	Workstream 2	Workstream 3
08:30	Peer Team preparation		
09:00	*Interviews*	*Interviews*	*Interviews*
10:00	*Interviews*	*Interviews*	*Interviews*
11:00	*Interviews*	*Interviews*	*Interviews*
12:00	*Interviews*	*Interviews*	*Interviews*
13:00	*Lunch*		
14:00	**Health and Wellbeing Board meeting** **Northgate House Conference Centre**		
16:30	**Peer Team catch-up meeting**		

Appendix C

Warwickshire Health and Wellbeing Peer Challenge: Timetable of Activity

THURSDAY	Workstream 1	Workstream 2	Workstream 3
08:30	Peer Team preparation		
09:00	Interviews	Interviews	Interviews
10:00	Interviews	Interviews	Interviews
11:00	Interviews	Interviews	Interviews
12:00	Interviews	Interviews	Interviews
13:00	Lunch		
13:30	**Peer Team preparation**		
16:30	Peer Team catch-up meeting		

Warwickshire Health and Wellbeing Peer Challenge: Timetable of Activity

FRIDAY	
08:30	**Peer Team preparation**
11:00	**Presentation of initial findings**
12:15	**Farewell lunch**
14:00	**Depart**

Appendix D

Health and Wellbeing Peer Challenge - Information Pack requests

Information/document	Notes/progress
Local stakeholder map	
Local Authority Business Plan	✓
CCG Business Plans	✓
JSNA (Review/Update)	✓
Quality of Life	✓
Intelligence Profiles	✓
HWB Strategy	✓
HWBB background	✓
Joint commissioning, service integration and Better Care Fund	
MoU with CCGs	
MoU with O&S	✓
NHS patient satisfaction surveys	
Healthwatch arrangements	
Health scrutiny, incl. forward plan	✓
Statutory Public Health arrangements	
Health Protection Plans	
Examples of local innovation and good practice	Please add examples to this document (open in Chrome) Or by editing and returning this Examples of innovation Word doc.
PHE Health Profile	✓
Living in Warwickshire survey	✓
Director of Public Health Annual Report	✓

Health and Wellbeing Board
19 November 2014
Health and Wellbeing Board Membership and Governance

Recommendation(s)

1. That the Health and Wellbeing Board is recommended to endorse the structure and membership of the Board as set out in the appendices.

1.0 Key Issues

1.1 The formation of the Warwickshire Health and Wellbeing Board (HWBB) followed the suggested process laid out in the Health and Social Care Act 2012. A "shadow" Board was established on 15 May 2012, in preparation for the statutory Board coming into effect from 1 April 2013 (see appendices 1 and 2). The Board meets bi-monthly.

1.2 According to the original Terms of Reference for the Shadow HWBB, the purpose of the HWBB is as follows:

- To advance the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.
- To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements for pooled budget, lead commissioning or other arrangements under section 75 of the National Health Service Act 2006.
- To encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together and with the Health and Wellbeing Board.

Warwickshire
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- To commission the production of a joint strategic needs assessment and to determine a joint health and well-being strategy and commissioning framework to meet the needs identified in the joint strategic needs assessment.
- To inform the local authority of its views on whether the authority is discharging its duty to have regard to the joint strategic needs assessment and joint health and well-being strategy in discharging relevant functions.

Please see appendix 3 for the original draft Terms of Reference for the Shadow Warwickshire HWBB.

1.3   The Board is comprised of 17 voting members including:

- The Leader of Warwickshire County Council
- Elected members from Warwickshire County Council and each of the Districts and Borough Councils who have health and wellbeing portfolios
- Representatives from the three Clinical Commissioning Groups (CCGs) in Warwickshire
- Warwickshire County Council Officers
- NHS England
- Healthwatch Warwickshire

1.4   In addition to the Board members, there are a number of 'active observers'. The active observers comprise of the acute trusts, WCAVA, the Office of the Police and Crime Commissioner and additional officers from the CCGs. Active observers are permanent invitees to the Board and receive minutes, papers and agendas. The role of active observers is to encourage stakeholder engagement.

1.5   See appendix 4 for details of the Board members and active observers.

1.6   In addition to the full Board, there are a number of subcommittees or subgroups. Each of these has a different role in relation to the Board and are either formal or informal parts of the health and wellbeing structure.

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1.7   See appendix 5 for a visual depiction of the HWBB structures.

3.0   Background Papers

None

Appendices

1.   Report of the decision at Council (21 March 2013)

2.   Extract of the minutes of Council (21 March 2013)

3.   Table of Board Members and Active Observers

4.   HWBB Governance Structure October 2014

	Name	**Contact Information**
Report Author	Catherine Rigney	catherinerigney@warwickshire.gov.uk
Head of Service	John Linnane	johnlinnane@warwickshire.gov.uk
Strategic Director	Monica Fogarty	monicafogarty@warwickshire.gov.uk
Portfolio Holder	Cllr Bob Stevens	bobstevens@warwickshire.gov.uk

Warwickshire
County Council

Council

21 March 2013

Health and Wellbeing Board

Recommendations

1. That the Council establishes the Health and Wellbeing Board in accordance with the arrangements in Appendix 1

2. That the Council appoints the office holders in Appendix 1 to the Board and that pending the Council meeting in May the Leader of the Council is appointed as Chair of the Board should any action be necessary prior to the next meeting of the Board.

1.0 Key Issues

1.1 The Council agreed the shadow arrangements for the Health and Wellbeing Board on 15 May 2012. The Council is asked to confirm the arrangements for the statutory Health and Wellbeing Board with effect from 1 April 2013 as set out in Appendix 1. The Health and Wellbeing Board will be a formal committee of the Council.

2.0 Proposal

2.1 The core functions and core membership of the Health and Wellbeing Board are prescribed by legislation. The Council may delegate other functions to the Board (other than health overview and scrutiny functions) but none are proposed at this stage.

2.2 The Health and Wellbeing Board (unless the Council directs otherwise) may delegate its core functions to a sub-committee and may establish advisory sub-committees. There is no power to delegate the core functions to an officer of the Council.

2.3 The core membership requirements are

    a) at least one county councillor
    b) the director of adult social services
    c) the director of children's services
    d) the director of public health,
    e) a representative of the Local Healthwatch organisation,
    f) a representative of each relevant clinical commissioning group

2.4   A representative of the National Health Service Commissioning Board is also entitled to be a member of the Board for business relating to the preparation of the joint needs assessment and joint health and wellbeing strategy.

2.5   The Council can appoint additional members. It is proposed that there are additional county councillors and district/borough councillors. The political balance rules do not apply to such appointments.

2.6   Once the Health and Wellbeing Board has been established the Council must consult the Health and Wellbeing Board before making any additional appointments.

2.7   Normally to be a voting member of a committee a person must be an elected member. The legislation has been amended to allow all members of Health and Wellbeing Boards to be voting members unless the Council directs otherwise.

2.8   Any voting member of the Board, who is not an elected member of the County Council, is a co-opted member for the purposes of the Member Code of Conduct and therefore required to sign up to the Code and to register any disclosable pecuniary interests within 28 days of being appointed to the Board.

2.9   Except to the extent they are varied by these arrangements or statutory provision the procedures of the Health and Wellbeing Board will be governed by the Council's standing orders in the same way as a committee of the Council.

Background papers

1.   None

	Name	Contact Information
Report Author	Jane Pollard	janepollard@warwickshire.gov.uk Tel: 01926 412565
Head of Service	Greta Needham	gretaneedham@warwickshire.gov.uk
Strategic Director	David Carter	davidcarter@warwickshire.gov.uk
Portfolio Holder	Cllr Farnell	cllrfarnell@warwickshire.gov.uk

Warwickshire Health and Wellbeing Board

Membership

Representing	No. of Seats
Warwickshire County Council -Leader of the Council (Chair)	1
Warwickshire County Council Portfolio Holder(s) for • Health • Adult Social Care • Children Young People & Families	1 1 1
Clinical Commissioning Group Leads • South Warwickshire • Warwickshire North • Rugby	1 1 1
Warwickshire County Council, Strategic Director for People Warwickshire County Council, Strategic Director for Communities Warwickshire County Council Director of Public Health	1 1 1
Local HealthWatch Representative	1
Borough/District Council Portfolio Holders for Health	5
National Commissioning Board	1
TOTAL	17

All the above members are voting members.

The Chair of the Health and Wellbeing Board shall be appointed by the County Council

The Council's standing orders will apply except to the extent they are varied by statutory provision or these arrangements.

All voting members of the Health and Wellbeing Board are bound by the Warwickshire County Council Member Code of Conduct when acting as a member of the Board.

Terms of Reference of Health and Wellbeing Board

1.   Core Functions

a) To advance the health and wellbeing of the people in its area, and encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

b) To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements for pooled budget, lead commissioning or other arrangements under section 75 of the National Health Service Act 2006.

c) To encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together and with the Health and Wellbeing Board.

d) To commission the production of a joint strategic needs assessment and to determine a joint health and well-being strategy and commissioning framework to meet the needs identified in the joint strategic needs assessment.

e) To inform the local authority of its views on whether the authority is discharging its duty to have regard to the joint strategic needs assessment and joint health and well-being strategy in discharging relevant functions.

f) The functions in (a) to (e) may be delegated to a sub-committee unless the Council has directed otherwise. In addition the Board may establish advisory sub-committees to advise it on any matter relating to its functions.

2. Aims

a. To align strategic direction, prioritise actions and present clear plans of what will be done locally to address needs and improve health and reduce health inequalities.
   - Prioritise actions, based on the agreed strategic direction, joint commissioning strategies and joint strategic needs assessment, to meet the needs of the current population without compromising the wellbeing of future generations.
   - Communicate actions in publicly available action plans.

b. To co-ordinate partnership working to minimise duplication, avoid cost shunting and maximise the cost effectiveness of services by

   - Integrating the business action plans of partner organisations.
   - Coordinate information sharing across partners

- Coordinate commissioning decisions to reflect the priorities identified by the Board including the use of joint commissioning and pooled budgets where appropriate.
- Reporting to the WCC Cabinet and linking to the Children's Trust.
- Work with the Local Safeguarding Children and Adult Boards to ensure all partners promote the safety and welfare of children and young people.
- Consult with service users and carers about service developments which will affect them.

c. To monitor progress against the actions agreed in local plans and against nationally set outcomes and ensure action is taken where appropriate to improve outcomes.
- Evaluate performance against locally agreed priorities.
- Evaluate performance against nationally set outcomes frameworks for the NHS, public health and social care.
- Produce annual reports of progress in relation to above action plans, in order that the board is publicly accountable for delivery of these actions.

3. Meetings

The Health and Well-being Board will meet regularly and at least four times per year.

4. Accountability

The Health and Wellbeing Board will report to Council and Cabinet on its work programme every 6 months.

The functions of the Health and Wellbeing Board are executive functions of the County Council and the actions of the Board will be subject to independent scrutiny from the overview and scrutiny committee of the council.

Appendix 2: Extract of the minutes of Council (21 March 2013)

Extract of the Minutes of Council 21st March 2013
Appointment of Warwickshire Health and Wellbeing Board

3. Warwickshire Health and Wellbeing Board
Councillor Bob Stevens, Portfolio Holder for Health presented the report, which set out the membership and terms of reference for the Council's Health and Wellbeing Board, which would be effective from 1st April 2013. Councillor Stevens reported that during its operation in shadow form since May 2011, the Board had established effective working relationships which would be continued. The Board would comprise of 17 Members, which included representatives from all five District and Borough Councils in order to integrate the wellbeing aspects of Council services between the Councils.

Councillor Tandy expressed a concern that as the Board would not be politically balanced, representation from the Labour and Liberal Democrat Groups on the Board would be limited. Councillor Jerry Roodhouse also commented that amendments to the membership of the Board may be required following the County Council elections in May, and may change as the Board evolves into its role.

Councillor Angela Warner supported the proposals, stating that there was great potential for the Board to bring together clinicians and the public, but there was a lack of awareness from within the NHS of the role of the Board and the role of Local Government more generally with regards to health and wellbeing.

Councillor Colin Hayfield suggested that there would be cultural differences between the NHS and Local Government which would need to be resolved, and that there was a lack of clarity from within the NHS of the role of the Health and Wellbeing Board and Health Overview and Scrutiny, which would need to be addressed. He considered that the Health and Wellbeing Board presented a good opportunity to involve clinicians and the public; however, it was important that it was seen to be effective by external bodies.
Councillor Clare Watson supported the report, and welcomed the involvement of all five District and Borough Councils on the Board.

Councillor Les Caborn, Chair of the Adult Social Care and Health Committee supported the report, suggesting that the Clinical Commissioning Groups should be fully engaged, and that effective cross-party working was important for the successful operation of the Board.

In seconding the report, Councillor Izzi Seccombe explained that the Health and Wellbeing Board presented a great opportunity to address health inequalities throughout the County, and address health and wellbeing issues through the Joint Strategic Needs Assessment. Councillor Seccombe agreed with the concerns of Councillor Hayfield regarding changes to cultures and assured that the Board was committed to overcoming these challenges. Councillor Stevens explained that the composition of the Board had been designed to avoid duplication and maintain a focus on the co-ordinated contribution of partners.

Resolved

(1)That the Council establishes the Health and Wellbeing Board in accordance with the arrangements appended to these minutes; and

(2)That the Council appoints the office holders (as described in the appendix to these minutes) to the Board and that pending the Council meeting in May, the Leader of the

Council is appointed as Chair of the Board should any action be necessary prior to the next meeting of the Board.

Warwickshire County Council Shadow Health and Wellbeing Board

Draft Terms of Reference (18.05.11)

1. Purpose

To advance the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

To provide such advice, assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements for pooled budget, lead commissioning or other arrangements under section 75 of the National Health Service Act 2006.

To encourage persons who arrange for the provision of any health or social care services in its area and persons who arrange for the provision of any health-related services in its area to work closely together and with the Health and Wellbeing Board.

To commission the production of a joint strategic needs assessment and to determine a joint health and well-being strategy and commissioning framework to meet the needs identified in the joint strategic needs assessment.

To inform the local authority of its views on whether the authority is discharging its duty to have regard to the joint strategic needs assessment and joint health and well-being strategy in discharging relevant functions.

2. Aims

a. To align strategic direction, prioritise actions and present clear plans of what will be done locally to address needs and improve health and reduce health inequalities.
   • Prioritise actions, based on the agreed strategic direction, joint commissioning strategies and joint strategic needs assessment, to meet the needs of the current population without compromising the wellbeing of future generations.
   • Communicate actions in publicly available action plans.

b. To co-ordinate partnership working to minimise duplication, avoid cost shunting and maximise the cost effectiveness of services by

   • Integrating the business action plans of partner organisations.
   • Coordinate information sharing across partners
   • Coordinate commissioning decisions to reflect the priorities identified by the Board including the use of joint commissioning and pooled budgets where appropriate.

- Reporting to the WCC Cabinet and linking to the Children's Trust.
- Work with the Local Safeguarding Children and Adult Boards to ensure all partners promote the safety and welfare of children and young people.
- Consult with service users and carers about service developments which will affect them.

c. To monitor progress against the actions agreed in local plans and against nationally set outcomes and ensure action is taken where appropriate to improve outcomes.
- Evaluate performance against locally agreed priorities.
- Evaluate performance against nationally set outcomes frameworks for the NHS, public health and social care.
- Produce annual reports of progress in relation to above action plans, in order that the board is publicly accountable for delivery of these actions.

3. Membership

The core members are:

- NHS Warwickshire -Chairman
- Warwickshire County Council Leader of the Council, relevant portfolio holder(s) for Health/Adult Social Care/Children Young People & Families
- GP Consortia Lead GP(s)
- Warwickshire Joint Director of Public Health
- Warwickshire County Council, Strategic Director for People
- Warwickshire County Council, Strategic Director of Children, Young People & Families
- NHS Commissioning Board - representative of national board (when established)
- Local HealthWatch Chair (LINKs chair in interim)
- Borough/District member representative

Members will be of sufficient seniority to give agreement to commit resources and actions on behalf of their organisations. Resources will only be committed within the limit of each individual's authority.

Members of the Health and Well-being Board agree to share all relevant data, to allow performance, and other joint working arrangements, to be properly monitored and managed.

Members of the Health and Wellbeing Board will agree the Code of Conduct describing the principles of joint working which they will abide by. See Appendix 1.

The Health and Well-being Board will meet regularly and at a minimum of four times per year. Dates and times of meetings will be agreed and published.

Agendas and supporting documents will be issued at least one working week before each meeting and minutes will be produced and circulated within ten working days of the meeting.

4. Accountability

The Health and Wellbeing Board will be an executive function of the County Council and the actions of the Board will be subject to independent scrutiny from the overview and scrutiny committee of the council (Adult Services and Children's Services Committee).

The Health and Wellbeing Board will report to Council, Cabinet and constituent partner bodies on its work programme every 6 months

The Health and Wellbeing Board will review its structure, membership and activities annually.

Appendix 1: Code of Conduct for Partnership Working

Introduction

This Code sets down the standards of conduct expected of all partners and their representatives when working in partnership. It complements the Members' Code of Conduct which is in place at each Local Authority governing the conduct of Elected Members. The Code applies to all the partners participating in the partnership, and to their representatives, and applies to all activities undertaken on behalf of the partnership. All partners should agree to adopt and publicise the Code within their organisations at the earliest opportunity. The partners agree that the Code shall apply to all their partnership working.

1. Customer-focused

Partners shall put the customers of the partnership at the centre of their work.

2. Co-operation

Partners shall co-operate with one another to achieve the aims of the partnership and wherever possible shall avoid taking action damaging to the aims of the partnership.

3. Inclusiveness

Partners shall undertake work for the partnership in a way that takes account of the views and interests of the other partners, their customers and other stakeholders.

4. Respect

Partners shall treat one another with respect and equality.

5. Accountability

Partners shall share information and be open about the decisions and actions that they take and shall account to one another, to their customers and other stakeholders.

6. Integrity

Partners shall ensure that their conduct, and that of their representatives, observes the highest standards of integrity and probity. The Code sets down rules for declaring conflicts of interest, offers of gifts or hospitality and reporting confidential concerns in connection with the work of the partnership.

7. Effectiveness

Partners shall ensure the partnership can work effectively by taking decisions promptly, raising issues in a timely and constructive way, and properly briefing their representatives.

8. Quality

Partners shall ensure that their contribution to the partnership is of a consistently high quality.

9. Commitment
Partners shall make a commitment to the partnership both in terms of strategic priorities and the investment of resources that are sufficient to enable the partnership to achieve its aims.

Conduct at meetings
All partners and their representatives agree to participate in partnership meetings in a courteous and constructive way, and to respect the arrangements for the conduct of business reasonably directed by the Chair of the meeting.

Declaring interests
Representatives must declare a personal interest where a matter or decision connected to the partnership might reasonably be regarded as affecting, to a greater extent than other residents of Warwickshire, one or more of the following:

- Their well-being or financial position or that of a friend or relative;
- Any employment or business carried on by such persons;
- Any person who employs or has appointed such persons, any firm in which they are a partner, or any company of which they are directors;
- Any organisation of which they are a member;
- Any organisation in which they are in a position of general control or management.

A representative with a personal interest also has a prejudicial interest if the interest is one that a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the representative's judgement of the public interest.

All personal and prejudicial interests must be declared as soon as they become apparent. A representative declaring a prejudicial interest must not influence nor participate in the partnership decision-making regarding the matter in which they have an interest.

Gifts and hospitality
Offers of gifts or hospitality should be treated with caution. The conduct of partners and their representatives should never lead anyone to question their interests, and it is the perceptions of the general public that are paramount when deciding whether a gift or offer of hospitality is reasonable. Criminal sanctions can apply where gift or hospitality are accepted in return for influence over local government business.

Representatives should seek guidance from their partner organisations regarding gifts and hospitality, and must declare and register with their partner organisation all gifts and hospitality accepted by them in connection with the work of the partnership.

Whistle-blowing

The partnership is committed to the highest possible standards of openness, probity and accountability. In line with that commitment we encourage representatives of the partners and others with serious and reasonably held concerns about malpractice within the work of the partnership to come forward and voice these concerns. Representatives should use the Whistle-blowing Policy applying at their partner organisation, if one is in force. In all other circumstances Warwickshire County Council's Whistle-blowing Policy can be used.

Compliance with the Code

Any suspected breach of the Code should be brought to the attention of the Chair of the partnership, who shall have the power to require the representative or partner concerned to withdraw from participating in partnership business until such time as an investigation has been undertaken and agreement reached between the other partners as to the appropriate way forward.
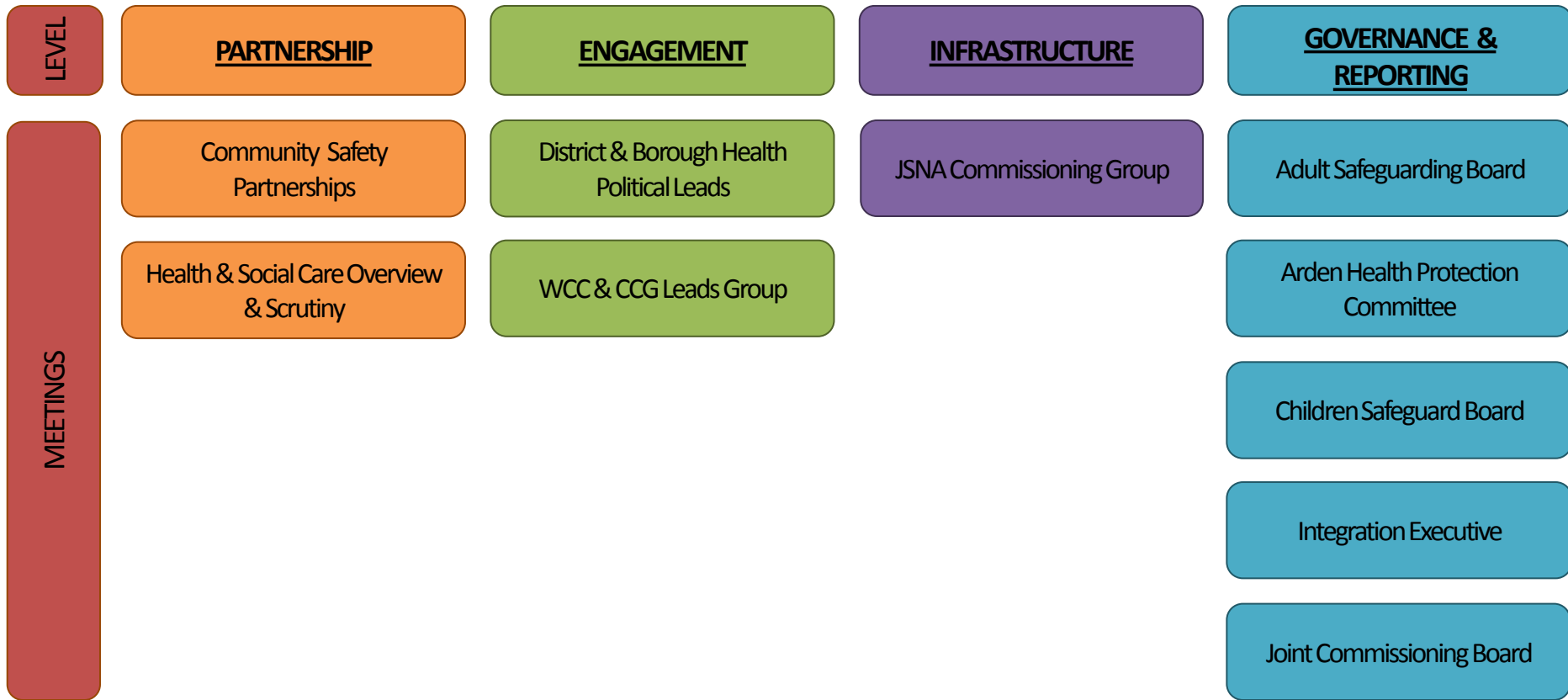
Appendix 4: Table of Board Members and Active Observers

Board Members

Name	Email address
Adrian.Canale-Parola	Adrian.Canale-Parola@coventryrugbyccg.nhs.uk
Bob Stevens	cllrstevens@warwickshire.gov.uk
Cllr Mrs Belinda Garcia	belinda.garcia@rugby.gov.uk
Councillor Neil Phillips	neil.phillips2@dwp.gsi.gov.uk
David Williams NHS England	david.williams55@nhs.net
David.Spraggett	david.spraggett@castlemc.nhs.uk
Derek Pickard	derekpickard@northwarks.gov.uk dpickard1@talktalk.net
Gillian Roache	gillian.roache@stratford-dc.gov.uk
Isobel Seccombe	cllrmrsseccombe@warwickshire.gov.uk
John Beaumont	cllrbeaumont@warwickshire.gov.uk
John Linnane	Johnlinnane@warwickshire.gov.uk
Jose Compton	cllrcompton@warwickshire.gov.uk
Karen Ashby	karen.ashby@warwickshirenorthccg.nhs.uk
Michael Coker	michael.coker@warwickdc.gov.uk
Monica Fogarty	monicafogarty@warwickshire.gov.uk
Phil Robson	philip@healthwatchwarwickshire.co.uk
Wendy Fabbro	wendyfabbro@warwickshire.gov.uk

Active Observers

Name	Email address
Andrea Green	Andrea.Green@warwickshirenorthccg.nhs.uk
Andy Hardy	andy.hardy@uhcw.nhs.uk
Gillian Entwistle	gillian.entwistle@southwarwickshireccg.nhs.uk
Glen Burley	glen.burley@swft.nhs.uk
Paul Tolley	paul@wcava.org.uk
Rachel Newson	Rachel.newson@covwarkpt.nhs.uk
Ronald Ball	opcc@warwickshire.gov.uk
Shahana Khan	Shahana.khan@geh.nhs.uk
Josie Spencer	josie.spencer@covwarkpt.nhs.uk

WARWICKSHIRE HEALTH & WELLBEING BOARD

LEVEL	PARTNERSHIP	ENGAGEMENT	INFRASTRUCTURE	GOVERNANCE & REPORTING
MEETINGS	Community Safety Partnerships	District & Borough Health Political Leads	JSNA Commissioning Group	Adult Safeguarding Board
	Health & Social Care Overview & Scrutiny	WCC & CCG Leads Group		Arden Health Protection Committee
				Children Safeguard Board
				Integration Executive
				Joint Commissioning Board

October 2014

Health and Wellbeing Board

19 November 2014

Health and Wellbeing Strategy

Recommendation(s)

1.   The Board agree and endorse the Strategy

1.0   Key Issues

1.1   The Health and Wellbeing Strategy provides Warwickshire with a picture of what the Health and Wellbeing Board will need to deliver over the next 5 years and how partners will work together to achieve this.

1.2   In July 2014, the Board agreed on the approach to the review of the Strategy and on the three new proposed three new priorities, as follows:

> Priority 1: Promoting Independence
>
> Priority 2: Community Resilience
>
> Priority 3: Integration and Working Together

1.3   A full stakeholder and public consultation was conducted, the results of which were fed into the development of the strategy on an ongoing basis. An Equality Impact Assessment was also carried out (see appendix 2).

2.0   Timescales associated with the decision and next steps

2.1   It is recommended that the Board sign the strategy at the November Board meeting.

3.0   Appendices

Appendix 1: Warwickshire Health and Wellbeing Strategy (to be circulated via email 7/11/2014)

Appendix 2: Equality Impact Assessment for the Health and Wellbeing Strategy

4.0   Background papers

None

	Name	Contact Information
Report Author	Catherine Rigney	catherinerigney@warwickshire.gov.uk
	Nicola Wright	nicolawright@warwickshire.gov.uk
Head of Service	John Linnane	johnlinnane@warwickshire.gov.uk
Strategic Director	Monica Fogarty	monicafogarty@warwickshire.gov.uk
Portfolio Holder	Cllr Bob Stevens	bobstevens@warwickshire.gov.uk

Warwickshire
County Council

PROVIDERS DISTRICTS AND BOROUGHS NHS CHILDREN'S CENTRES
WELLBEING COUNCILS LEISURE
POLICE AND CRIME COMMISSIONER COMMUNITY SAFETY CHILDREN
COMMUNITY COMMISSIONERS SCHOOL NURSES HOSPITALS
RESIDENTIAL FIRE AND RESCUE SERVICE PROBATION ADVICE SERVICES NURSING HOMES GENERAL PRACTICE
POLICE HEALTH HOUSING JSNA FIRE SOCIAL CARE
COUNCILLORS TRADING STANDARDS OLDER PEOPLE
PHARMACY AMBULANCE EDUCATION
ENVIRONMENTAL HEALTH INDIVIDUALS HEALTH AND WELLBEING BOARD
SERVICES VOLUNTARY TRANSPORT PLANNING LICENSING LOCAL ENTERPRISE PARTNERSHIP
PARISH COUNCILS HEALTH VISITORS SCHOOLS LIBRARY SERVICES

WARWICKSHIRE HEALTH AND WELLBEING STRATEGY 2014 - 2018
WARWICKSHIRE HEALTH AND WELLBEING BOARD

Warwickshire Health and Wellbeing Board
Warwickshire County Council
PO Box 43, Shire Hall, Barrack Street, Warwick, CV34 4SX
Email: phadmin@warwickshire.gov.uk

http://hwb.warwickshire.gov.uk/

Introduction

Maintaining health and wellbeing enables individuals to maximise their potential, lead active, fulfilled lives and participate fully in their community.

Foreword to the Warwickshire Health and Wellbeing Strategy

The Warwickshire Health and Wellbeing Board provides a countywide approach to improving local health and social care, public health and community services so that individuals, service-users and the public experience more 'joined up' care. The Health and Wellbeing Board is also responsible for leading locally on tackling health inequalities.

The Health and Wellbeing Board is a forum for councillors, commissioners and communities to work with wider partners to address the determinants of health, reduce health inequalities and strengthen our communities. One of the key benefits of Health and Wellbeing Boards is to increase the influence of local people in shaping services by involving democratically elected councillors and through Healthwatch, so that services can better meet local need, improve the experience of service users, and improve the outcomes for individuals and communities[1].

Looking after the health and wellbeing of the population of Warwickshire is not the responsibility of one single body. Statutory and non-statutory organisations, including the voluntary sector, across the county all play a part in impacting on our health and wellbeing and influencing our behaviour.

The Health and Wellbeing Strategy provides Warwickshire residents and organisations with a picture of what the Health and Wellbeing Board, through its members and wider partners, will need to deliver over the next 5 years and how we will work together to achieve this.
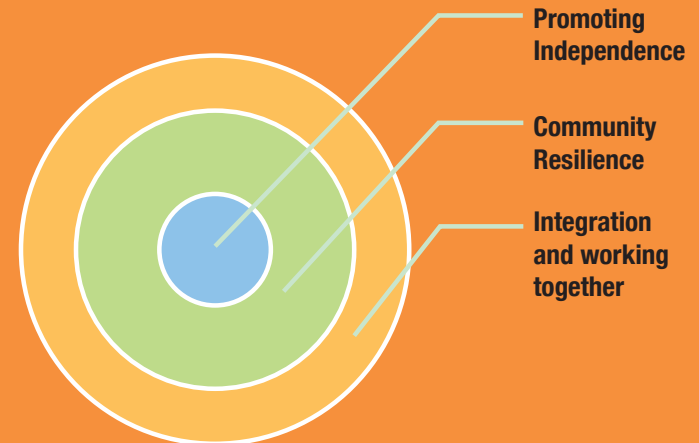
The Warwickshire Health and Wellbeing Board has agreed three priorities that will inform how we will work together, develop actions and report on our progress on improving the health and wellbeing of Warwickshire.

Cllr Izzi Seccombe
Chair of Warwickshire Health and Wellbeing Board
Leader of Warwickshire County Council

The Health and Wellbeing Strategy Priorities are:

- **Promoting Independence**
- **Community Resilience**
- **Integration and working together**

1. Joint Strategic Needs Assessment and joint health and wellbeing strategies explained

How does the Health and Wellbeing Strategy link with other responsibilities and requirements?

Warwickshire's Health and Wellbeing Strategy does not sit in isolation. We need to be aware of other priorities, legislation and documents that should be considered alongside this Strategy. Current key policy areas are:

1: Warwickshire's Joint Strategic Needs Assessment

Warwickshire's JSNA is a vital tool which brings together a range of high quality evidence and local information, local assessments and data to identify local priority groups across the county.

The JSNA highlights who, what and where Warwickshire's priority groups are in relation to health and social care need. The Health and Wellbeing Strategy identifies how we are going to deliver our services differently so that the needs of the identified priority groups are able to be met.

The Health and Wellbeing Board uses the JSNA to make collaborative decisions on how best to meet the needs of the priority groups, through joined up, integrated and appropriate services and by tackling the wider, or social, determinants of health. The JSNA and the Health and Wellbeing Strategy enable everyone to understand the factors that influence services in their area.

This Health and Wellbeing Strategy will not repeat the findings within the JSNA.

For each priority within the current JSNA, partners should be ensuring that there is a focus on the Health and Wellbeing Strategy's priorities – that there are opportunities for people to maintain their independence, that the community is better placed to support that JSNA priority group. Finally, when individuals from the JSNA priority group do require support from services, those services are integrated and working together.

2: The Care Act 2014, Better Care Fund and Children and Families Act 2014

The Children and Families Act 2014, the Care Act 2014 and the Better Care Fund (BCF) all have the principles of personalisation at their heart.

These principles include giving the person and their family/carer choice and control over the care and support they receive, providing them with the right information so that they make informed decisions, and organising services around the needs and outcomes for the person and their family/carer, rather than directed by organisational boundaries.

There is a shift in focus towards preventative services helping to maintain people's wellbeing and prevent crises, thus enabling people to remain as independent as possible for as long as possible. Where higher levels of care are subsequently needed, there will be increased opportunity for people to choose how their care needs are met, via options such as Direct Payments, and Personal Health Budgets, both of which enable individuals to choose and arrange their own services, to meet their needs.

As a result of the Children and Families Act 2014, the new Education, Health and Care Plans and associated personal budgets for those with special educational needs (SEN) and disabilities, will be required to be in place from September 2014.

Similarly, the adoption reforms in the Children and Families Act 2014 provide a greater emphasis for post adoption support and personal budgets to support this.

The Health and Wellbeing Board has a key role to play in overseeing the reforms and contributing to delivery of an integrated health, care and community system.

3: Information and Data Sharing

Sharing appropriate information enables those involved in providing health, care and community services to improve the quality of services for all. It is important to get a complete picture of what is happening across services to plan according to what works best.

The type of information shared, and how it is shared, is controlled by law and strict confidentiality rules.
Sharing information about the care provided helps us to understand the health and wellbeing needs of everyone and the quality of the treatment and care provided and reduce inequalities in the care provided.

There is a commitment within Warwickshire to further improve appropriate, safe and relevant data sharing.

Source: Your records – Better information means better care

What happens next?

The Warwickshire Health and Wellbeing Strategy identifies the Board's agreed priorities for the next 5 years. It is now for each partner organisation on the Health and Wellbeing Board to develop its own plans of how they will contribute to the delivery of these priorities and it is important that these plans are developed and shared with provider organisations and the voluntary and community sector.

Organisations across the county should be identifying opportunities in their locality, in the services that they commission and in their own strategies on how they can add value and focus on the priorities that have been agreed by the Health and Wellbeing Board.

Monitoring and progress

We will measure our progress by focusing on the impact that the strategy will have on people's lives. The Health and Wellbeing Board will choose indicators that will help us measure our progress over the lifetime of this Strategy. The Warwickshire Health and Wellbeing Board acknowledges that major change will not happen overnight, so we will be seeking gradual improvements in these indicators.
Warwickshire's Health and Wellbeing Board will review progress with:
- Regular locality performance updates at a District and Borough level
- Local reports at a CCG level
- An annual review to the Health and Wellbeing Board
- Submission of action plans to Warwickshire Overview and Scrutiny Committees

The Health and Wellbeing Strategy makes a difference by:

- Providing clarity for public, community and voluntary sector providers of the Warwickshire Health and Wellbeing Board's priorities for its delivery of health and wellbeing across the county
- Providing a framework for organisations to use when commissioning, redesigning and decommissioning services
- Enabling Warwickshire to use existing assets and resources of partners, including workforce, communities and information, to reshape services
- Influencing the wider determinants of health and wellbeing through joint working across the county

Priority 1 – Promoting independence for all

1.1 Definition

Please refer to the JSNA for the current JSNA Priorities.

Independence can mean different things to different people, depending on their level of need and their individual situation. In Warwickshire, 'promoting independence' is considered an important concept across the life course starting out with babies and young children, running throughout adulthood and into old age. We believe that independence should be encouraged as part of all these events, roles and transitions in order to prevent ill-health, disability and dependence on services throughout life.

1.2 Evidence base – Why is promoting independence important?

What happens to babies and children before they are born and in their early years has lifelong effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status. [2]We know from the Warwickshire JSNA that vulnerable young people are a priority group. We will therefore work with this group to ensure that they receive early intervention and support where necessary and that their families are given the support and early help they need to nurture their children and provide them with the skills to become independent in their later life.

A particularly vulnerable group are Looked After Children[3] (LAC) (or Children Leaving Care) and as a consequence of their life experiences, outcomes for LAC are traditionally poorer than non-looked after children. Care leavers are more likely to have poor educational performance, contact with the criminal justice system, poorer health and be vulnerable to homelessness and unemployment. Some care leavers cope well, but others find the path to independence precarious.[4] In Warwickshire, we believe that focusing on care leavers and their transition to adulthood and independence will help prevent negative experiences and crisis later in adulthood.

We believe that promoting independence means…

- Providing a strong start in life, within a family environment, to enable babies and children to develop healthily and flourish in their learning and education
- Ensuring young people are prepared and supported to make successful transitions from care into independent living
- Enabling all people to manage and maintain their physical and mental health and wellbeing
- Ensuring all disabled people having the same choice, control and freedom as any other individual – at home, at work and as members of the community
- Providing additional support to other vulnerable groups of people to help them to become more resilient and avoid crisis situations
- Enabling older people to be able to remain in their own home and to live healthy active lives for as long as possible
- Keeping or improving physical and cognitive function to fulfil the tasks of independent living, maintaining social connections, and allowing people to have choice and control over how they live their lives
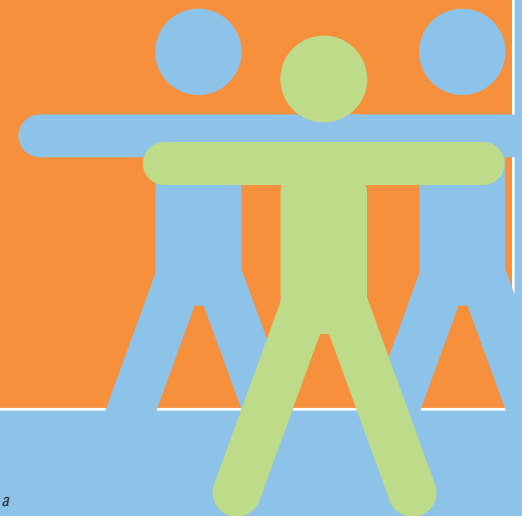
2. Waldfogel J (2004) Social mobility, life chances, and the early years, CASE Paper 88, London: London School of Economics.
3. Children become 'looked after' when their birth parents are unable to provide ongoing care in either a temporary or permanent capacity. Children can either be looked after as a result of a voluntary agreement by their parents or as the result of a care order. Children may be placed with family members, friends or foster carers or residential accommodation depending on individual circumstances.
4. National Children's Bureau, Supporting care leavers' successful transition to independent living [online] available from http://www.princes-trust.org.uk/pdf/NCB_RSCH_9_FINAL_FOR_WEB.pdf (07/08/2014)

One of the key features of independence is providing the tools and information to enable people, of all ages, to maintain their physical and mental health and wellbeing. However, although most of us know some of the everyday things we can do to improve our own health and wellbeing, some people are not able to make health decisions or adopt healthy behaviours. In Warwickshire, we aim to help people and communities gain control over the influences on their health, making the healthier choices the easier choices. We will take pro-active steps to enable and encourage people in all age groups to have an active and healthy lifestyle, particularly those who are at higher risk of ill-health.

A disability is a condition which affects an individual's ability to undertake everyday activities and may affect a person's sensory, mobility or mental function. There are estimated to be 85,000 disabled people living in Warwickshire - 19% of the population aged over 16[5]. In Warwickshire, we believe that all disabled people should have the same choice, control and freedom as any other citizen – at home, at work and as members of the community. Through personalisation, disabled people should be enabled to live independent lives, putting them at the centre of their care. We will ensure that people have wider choice in how their needs are met and are able to access universal services such as transport, leisure and education, housing, health and opportunities for employment, regardless of age or disability.

Certain members of the population are considered vulnerable due to their individual circumstances, for example, ex-offenders, troubled families, young carers, the homeless, gypsies and travellers, migrants, people living in poverty, victims of domestic abuse, people with mental health problems and drug and alcohol misusers. These groups often need more support to enable them to become independent

and resilient to adverse living conditions and life events. In Warwickshire, we will work in partnership to provide additional support to the most vulnerable including housing related support, help to access statutory and universal services (e.g. social care and healthcare), support with entering education and training, debt and funding advice, and help accessing health and wellbeing services and information.

In Warwickshire, we believe that there needs to be a shift in the way we think about older people, from dependency and deficit towards reablement, independence and wellbeing. The challenge for us all is to be inclusive, to help older people to stay healthy and active and to encourage their contribution to the community. Across Warwickshire as a whole, the highest rates of projected population growth are in the groups aged 65 years and over[6]. This means that there is the potential for a significant increase in the numbers of people accessing health, social care and community services in the years to come and resources will have to be used differently to provide more responsive and integrated health and social care services. For some older people, independence and wellbeing can be more difficult to maintain so we need to help the particularly vulnerable older people to manage their health conditions so that they can maintain the aspects of their lives that they value most[7]. This includes people who have reached the end of their life and ensuring that they can retain their personal dignity, autonomy and choice throughout the care pathway towards the end of their life[8].

There are estimated to be 85,000 disabled people living in Warwickshire - 19% of the population aged over 16

Across Warwickshire as a whole, the highest rates of projected population growth are in the groups aged 65 years and over.

5. Warwickshire JSNA
6. 2011-based Sub-National Population Projections, National Statistics (www.statistics.gov.uk), © Crown Copyright 2013.
7. The Audit Commission, Older people – independence and well-being. The challenge for public services [online] available from http://archive.auditcommission.gov.uk/auditcommission/sitecollectiondocuments/AuditCommissionReports/NationalStudies/OlderPeople_overarch.pdf (13/08/14).
8. Coventry & Rugby CCG (2013), 2014-16 Commissioning Intentions [online] available from http://www.coventryrugbyccg.nhs.uk/DocLib/1aebaa7e-e727-41a1-bc82-42f545bb6531 (02/10/14)

1.3 Our focus

In order to promote independence, we believe that the Health and Wellbeing Board in Warwickshire should focus on the following areas over the next 5 years:

Our focus in Warwickshire will be to…	In five years' time Warwickshire will have…
Ensure the best possible start to life for children, young people and their families	• A reduction in antenatal risk factors e.g. smoking in pregnancy and improved maternal and infant health and wellbeing • Positive parenting and an increase in the number of families receiving early help to tackle problems • A reduction in the local variations between educational attainments in Warwickshire's GCSE grades and improved positive destinations post 16 • Fewer numbers of children living in poverty
Support those young people who are most vulnerable and ensure their transition into adulthood is positive	• Integrated services across education, health, social care and the voluntary sector which focus on the needs of the most complex and vulnerable young people to ensure an effective transition to adult services • More young people remaining in education and training post 16 ensuring that they are ready for entry into the adult labour market • More vulnerable children and young people helped to make positive life choices • Continuity of workers and carers to provide stability and security while preparing vulnerable young people for independence.
Enable people to effectively manage and maintain their physical and mental health and wellbeing	• More people, across all ages choosing to adopt healthier lifestyles to improve their health and wellbeing • Enhanced services for the early prevention, treatment and recovery of mental health problems across all ages • People will have equitable access to screening and prevention services to help them avert ill-health • Communities that understand dementia issues and support dementia sufferers
Ensure that people with disabilities have the same choice, control and freedom as any other individual – at home, at work and as members of the community	• Improved early assessment of needs for children with special educational needs (SEN), physical and learning disabilities • Better health outcomes and quality of life for people with disabilities through the implementation of personalisation • More people with learning disabilities in paid work • Adequate and appropriate housing for people with disabilities • Better support and information for carers of disabled people to empower them to live the lives they want and achieve their full potential
Provide additional support to other vulnerable groups of people	• Health and care services that better meet the needs of vulnerable people to accelerate improvement in their health and wellbeing outcomes • Better mechanisms of identifying vulnerable people and ensuring that they are signposted to the most appropriate services • Safe and suitable housing provided by the private sector
Enable older people to be able to remain in their own homes and to live healthy lives for as long as possible	• An increase in preventative interventions for older people which reduce unnecessary hospital admissions for people with long term conditions • A focus on reablement of older people to prevent further ill-health and promote greater wellbeing • The right range of housing for older people with the right support (including telecare and telehealth[9]), as appropriate • More older people being able to live at home longer and be supported to do so through the provision of appropriate and timely advice, adaptations to people's homes and the provision of extra-care housing • Integrated services for frail older people with involvement from community health, housing, voluntary support and social care tailored to the needs of the individual • Fewer people who feel lonely or socially isolated • Better support for carers of older people to ensure they have access to appropriate information, funding and respite should they need it

9. Telecare and telehealth services use technology to help people (usually older people) live more independently at home. They include personal alarms and health-monitoring devices. They are especially helpful for people with long-term conditions and they can also help people live independently in their own home for longer, so they can avoid a hospital stay or put off moving into a residential care home.

Priority 2 – Community resilience

2.1 Definition

Please refer to the JSNA for the current JSNA Priorities.

In Warwickshire, we believe community resilience is "the ability of communities to be stronger and empowered to support themselves, particularly in times of pressure".

2.2 Evidence base: Why is community resilience important?

Communities are important for physical and mental health and wellbeing. Thriving communities are those where everyone has someone to talk to, neighbours look out for each other, people have pride and satisfaction with where they live and feel able to influence decisions about their area. Residents are able to access green and outdoor space, feel safe and there are places and opportunities that bring people together.[10] A number of national strategies and targets aiming to improve health and wellbeing and reduce health inequalities highlight the importance of involving local communities.[11]

Asset working values the capacity, skills, knowledge, connections and potential in a community. Instead of starting with the problems, it starts with what is working, what makes us feel well and what people care about.[12] Taking an asset-based approach supports a community to do things for itself and fosters greater confidence and self-esteem. It can build resilience, local confidence, capacity and capability to take action as equal partners with services in addressing health inequalities. In Warwickshire, we need to focus on the assets, opportunities and strengths in our communities. We aim to achieve a better balance between service delivery and community building.

In Warwickshire we need to work together with community groups and the voluntary sector to build capacity and empower them to take control of, better able to cope under pressure and

We believe that community resilience means…

- Empowered communities able to determine their own needs and support local initiatives
- Communities with the capacity to identify their strengths and use them
- Communities with the opportunities for a healthy life and the ability to take responsibility for their own health and wellbeing
- Communities that are in control, able to protect themselves and supported to overcome difficulty
- Communities that have access to the right information, advice and signposting to public services and support that are available where they live
- Communities that work together with commissioners and organisations to identify where interventions are needed and co-produce and deliver local services

10. Jane Foot and Trevor Hopkins (2010) A glass half full: how an asset approach can improve community health and well-being [online] Available from: http://www.local.gov.uk/c/document_library/get_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2&groupId=10180 Accessed 2 October 2014
11. NICE. Community engagement (PH9). [online] Available from: www.nice.org.uk/guidance/ph9/chapter/public-health-need-and-practicewww.nice.org.uk/advice/LGB16/chapter/introduction Accessed 12 August 2014
12. Jane Foot (2012) What makes us healthy? The asset approach in practice: evidence, action, evaluation [online] Available from: http://www.assetbasedconsulting.co.uk/uploads/publications/WMUH.pdf Accessed 2 October 2014.

support each other. This is particularly important in the least resilient communities as they often experience poorer health and wellbeing and difficulties in engaging with local services and the people around them. Resilience is important because it can help to protect against the development of health problems and helps to maintain our wellbeing in difficult circumstances. Communities that are resilient and empowered are more prepared for change and able to cope with pressures, including crisis and hardship.[13] People are better able to look after themselves and support each other within the community, leading to less reliance on statutory services.

Communities can create the right conditions for improvements in health and wellbeing. The capacity and motivation to choose healthy behaviours is strongly influenced by mental wellbeing.[12] It is often influenced by social isolation, unemployment, housing, financial or relationship problems, making it harder for people to cope. In Warwickshire, we aim to work with community health champions, build capacity and empower communities to have control over their physical and mental health and wellbeing and the influences that affect it.

Access to services and resources are an important part of a community's resilience. In Warwickshire, approximately a third of our local areas have difficulty accessing key services.[14] Some communities are more vulnerable, these may include those that are socially isolated, young people, older people, those living in rural areas, or with long term health conditions. Where health needs can only be met through public services, we need to ensure that these services are effective, accessible and targeted efficiently to those that need it the most.

The extent of people's participation in their communities and the added control over their lives that this brings, has the potential to contribute to their psychosocial wellbeing and, as a result, to other health outcomes.[10] On average only one in three residents across Warwickshire feel that they can influence decisions affecting their local area.[14] Approaches where communities are supported and encouraged to work as equal partners to co-design and deliver public services may lead to more positive health and wellbeing outcomes. We need to actively work together with our communities collaborating with them in local decision making, using their skills, experience and knowledge to co-produce and take ownership of services that impact on their health and wellbeing. We also need to be able to demonstrate that we are delivering wider social value.

Education and learning is important for longer-term resilience and is closely associated with health and wellbeing throughout life. In Warwickshire our GCSE attainment is above the England average but there is a large gap in attainment between those who receive free school meals and those that do not.[15] Pupils receiving free school meals have a lower educational attainment and will also be experiencing other issues that may also affect their health and wellbeing. It is also important to be able to continue with learning and education throughout our lives to further build our capacity and resilience.[16] In Warwickshire we believe that everyone should be able to achieve the best education they can and that learning should be a lifelong goal. We need to look at the barriers to doing well at school and accessing adult learning.

Social capital, *"the links, shared values and understandings in society that enable individuals and groups to trust each other and so work together"*, is important as greater interaction between people creates a greater sense of community spirit. Higher levels of social capital are associated with better health, higher educational achievement, better employment outcomes, and lower crime rates, which all contribute towards a more resilient community. Across Warwickshire, one in three people responded that they did not know their neighbours[14] and nearly 39% of respondents felt that they didn't belong very strongly with their surrounding immediate area.[14] We will work in partnership with our communities, the voluntary sector and other organisations to facilitate social capital and 'neighbourliness', increase the number of volunteers and community champions.

Across Warwickshire, one in three people responded that they did not know their neighbours

13. WHO. Resilient communities [online] Available from www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/about-health-2020/priority-areas/resilient-communities Accessed 28 August 2014.

14. Warwickshire Observatory, Warwickshire County Council. (2014) Living in Warwickshire Survey.
15. Warwickshire JSNA.
16. OECD (2007) OECD Insights: Human Capital: How what you know shapes your life [online] available from: http://www.oecd.org/insights/

2.3 Our focus

Our focus in Warwickshire will be to…	In five years' time Warwickshire will have…
Take an asset based approach to working which values communities and the range of assets they possess	• Organisations with an understanding of what community assets exist and how they can work in collaboration • Services and resources in place that are based on community identified needs
Work in partnership with our communities to build capacity and support them to increase their resilience, enabling them to better care for themselves within the community	• Communities with greater resilience who are better able to cope with and adapt to pressures • Focus on prevention and early information, advice and resources • Invest in and direct services and resources that increase resilience, reducing reliance on statutory services
Empower individuals and communities to take control and responsibility for their own and the community's health and wellbeing	• Healthier individuals and communities, more informed and taking responsibility for their health and wellbeing • Quick and easy access to mental health and wellbeing information and services • Front line workers from a range of sectors and community leaders supporting Making Every Contact Count (MECC) and 5 Ways to Wellbeing
Ensure infrastructure, public services and resources are effective, accessible and tailored to those communities that need it the most	• Communities supported through tailored interventions to build resilience and improved wellbeing • The right information, advice and signposting to appropriate forms of available and accessible support within the communities they live • Interventions and service outcomes measured using existing tools, ensuring they are effective and fit for purpose
Facilitate communities to take ownership of shaping and transforming local services	• Communities and organisations working together to co-design, produce and deliver integrated services • Social enterprises established and working together with commissioners and organisations to deliver local services
Improve educational attainment and access to learning at all ages.	• Improved educational attainment learning opportunities for all, particularly with those eligible for free school meals.
Facilitate communities to expand social capital and neighbourliness, building an increase in resilience.	• Strong social and community networks that are cohesive and connected, with less isolation. • Volunteers and community champions supported to work with their community.

Priority 3 – Integration and working together

3.1 Definition

Please refer to the JSNA for the current JSNA Priorities.

The Health and Wellbeing Board in Warwickshire is committed to integration and working together effectively. Enhanced integration of the delivery of services and targeting resources effectively and efficiently is key to reducing costs, avoiding duplication, improving relationships with patients and communities, improving services across Health, Social Care, Public Health and Community sectors, but also those of other key organisations involved, such as: Community Safety, Environmental Health, Housing, Probation, Education, Planning, Leisure, Transport, Library Services, Family Services, Public Health England and NHS England (not an exhaustive list).

Integration and working together is the ultimate aim in Warwickshire and the Better Care Fund is one of the mechanisms by which this will be achieved and a live example of partnerships in Warwickshire working together towards a shared vision. The ultimate aim of integrated care is to support improved outcomes and experiences for individuals and communities through[17]:

- Population-based public health, preventative and early integration strategies
- Individual experience of integrated Health and Social Care and support that is personalised and coordinated, in collaboration with the individual, carer and family
- Shift away from over reliance on acute care towards focus on primary care and self care.

We believe that integration and working together means…

- A commitment to partnership working, joint commissioning, and using resources (people, premises and finances) to maximise cost-effectiveness and health and wellbeing for individuals and communities
- Identifying the right health, social and community care at the right time in the right place
- Increasing the involvement of service users, representatives and local groups in the planning (including co-production) of services and policies
- Ensuring that strategies for new and existing communities consider the health and wellbeing impacts for residents in the short and the long term
- Improved coordination of personalised care through a case management approach with one identified member of staff directing services for an individual
- A shift in focus of care upstream from secondary care to primary care services. e.g. from inappropriate A&E visits to more appropriate use of pharmacies and GP's
- Acknowledging the direct impact on individual, family or community health that organisations delivering non health-related services have, and fully using their expertise
- The ability to share data on individuals without compromising information governance

17. National Collaboration for Integrated Care and Support, Integrated Care and Support: Our Shared Commitment, May 2013

3.2 Evidence base – Why is integration and working together important?

The Health and Social Care Act 2012 introduced statutory duty to promote integrated care.[18]

Maintaining quality personalised care for vulnerable groups, an ageing population and supporting increasing numbers of people managing chronic long term conditions presents a challenge to organisations in Warwickshire. Increasing pressure on the system can result in increasing cost and in some cases inappropriate use of services; e.g. people visiting A&E rather than seeking the advice of their pharmacies or GP; or poor management of long-term conditions, resulting in admission to hospital, sickness absence from work, rents arrears and financial hardship.

In order to achieve successful delivery of integrated services, we need to consider the needs of the individual and ensure they are at the heart of services working together. Desired outcomes from successful integration of service delivery in Warwickshire will include, person centred coordinated care using a case management approach, co-production, improved outcomes for individuals, reduced pressure on the system by preventing illness, managing conditions effectively, appropriate use of primary care, appropriate discharge and reablement[17]. All of these outcomes should be underpinned by best practice, national evidence and work towards achieving a positive impact against the priorities in the JSNA.

Improving key aspects of the way services are organised for older people, vulnerable groups and those with long term conditions are

Where we live, the housing conditions we live in and feeling safe…

…directly impacts on our health

key in preventing hospital admissions in Warwickshire[19]. We need to be able to identify individuals most at risk through effective IT systems and data sharing, in line with information governance requirements. We should support individuals to make informed decisions about how their care is planned and deliver care on a personalised level, through a case management approach, avoiding emergency care and admissions[17].

Where we live, the housing conditions we live in and feeling safe as an individual or within a community directly impacts on our health. The World Health Organisation[20] highlights that those in deprived housing are more likely to be affected by noise, fear of crime, and outdoor environmental pollution. Poor housing can be an exacerbating factor for unstable households adding additional strain to family life.

Ensuring the safety, protection and resilience of wider communities requires an integrated approach that no one organisation can deliver in isolation. A continued focus on crime, reducing reoffending and excessive alcohol intake, with an overall aim to create safer communities remains a priority for Warwickshire.

Part 2 of the Child Poverty Act 2010 places duties on local authorities and partners to 'cooperate with a view to reducing and mitigating the effects of child poverty in their areas'. We are also required to publish a local child poverty needs assessment and to develop a joint child poverty strategy. Supporting families affected by crime, unemployment and poor educational attainment should remain a key focus for Warwickshire. All of these are separate responsibilities for different organisations and only through integration and working together can these issues can be tackled effectively across organisational boundaries.

Overall, to ensure successful integration across service delivery for individuals, families and communities, this will require a data sharing commitment from organisations in Warwickshire. In order to achieve this, we need to be committed to innovation, support cross organisational decisions on commissioning innovation or decommissioning services that are no longer fit for purpose, whilst also enabling the impact of integrated care to be evaluated.[21]

18. Accountable care organisations in the United States and England Testing, Evaluating and Learning what works, The Kings Fund, March 2014
19. The Kings Fund, Integrated Care in Northern Ireland, Scotland and Wales: Lessons for England, 2013
20. World Health Organisation, Combined or multiple exposure to health stressors in indoor built environments, An evidence-based review prepared for the WHO training workshop, "Multiple environmental exposures and risks", 2013
21. Goodwin et al, The Kings Fund. A Report to the Department of Health and the NHS Future Forum: Integrated care for patients and populations: Improving outcomes by working together, 2012

3.3 Our focus

Our focus in Warwickshire will be to…	In five years' time Warwickshire will have…
Support people to remain healthy and independent, in their own homes for longer	• An emergency response team that will reduce admissions to acute and residential care • Developed the care coordinator model based on clusters of GPs coordinating services to minimise acute sector usage • Delivered the reablement strategy and options appraisal for wrap around support • Reduction in emergency admissions and an increase in more appropriate use of primary care • Reduced the amount of time people unnecessarily spend in hospital
Improve accessibility and visibility of 'front doors' to support people, to make the right choice, the easiest choice, informed by customer journey examples	• Undertaken customer journey mapping of experiences at front doors to services • Redesigned services appropriately, having considered integration options • Scoped the IT and infrastructure requirements needed to facilitate delivery
Improve care coordination in the community for high risk/cost patients	• Established multi agency project groups to identify models that best fit the local areas, based around an integrated team approach, using case management, linked to GP clustered practices • Incorporated the requirement to align processes for accessing personal budgets • Used appropriate engagement methods and worked with individuals, their carers and families to assist in the redesign of services
Improve data sharing, IT infrastructure and health and social care governance	• Established compatible systems to enable sharing of data • Enabled the use of NHS numbers to be used as unique identifiers to share data and business intelligence, using a 'hub' where key data on individuals can be collated in a joint summary care record • Developed a solution for the ability to send information confidentially and safely between organisations without compromising information governance
Improve partnerships across the wider social determinants of health	• Improved working with housing, planning and licensing to create healthy environments for individuals, families and communities to live • A continued focus to support families affected by crime, unemployment and poor educational attainment • Successful integrated working to tackle crime, reduce reoffending and excessive alcohol intake • Created safer communities through the reduction of crime and the promotion of safety

Partner responsibilities

The Warwickshire Health and Wellbeing Strategy identifies the Board's agreed priorities for the next 5 years. Organisations across the county should be identifying opportunities in their locality, in the services that they commission and in their own strategies on how they can add value and focus on the priorities that have been agreed.

Whether you are a commissioner, provider, councillor, community or an individual we all need to work together to improve the health and wellbeing of Warwickshire residents.

Health and Wellbeing Board Members

- Will encourage integrated working between health and social care commissioners
- Will encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services
- Will provide a forum where agencies in Warwickshire can focus on reducing health inequalities

Commissioners

- Will commission services and resources that support the priorities of the Health and Wellbeing Board and Strategy
- Will co-produce services and resources with other health, social care and community organisations
- Will tailor services and resources and target them according to need
- Will plan services that are person centred and developed with input from service users
- Will design services that promote independence rather than impose dependence
- Will ensure that services and resources are measured for effectiveness
- Will engage with and seek the views of individuals and communities, in line with the Good Engagement Charter standards[22]
- Will consider the physical, mental and emotional wellbeing of individuals needing care.

Providers

- Will co-produce services and resources with other health, social care and community organisations
- Will tailor services and resources to different areas and target them where they are most needed
- Will ensure that services and resources are measured for effectiveness
- Will engage with and seek the views of individuals and communities, in line with the Good Engagement Charter standards
- Support communities and individuals to become more empowered and resilient
- Will provide services which promote independence and discourage dependence

Councillors

- Will act as leaders for their communities, deliverers of services and catalysts for change
- Will promote the importance of prevention to improve health and wellbeing to its communities
- Will engage with and seek the views of individuals and communities, in line with the Good Engagement Charter standards
- Support communities and individuals to become more resilient and empowered.

Communities

- Will take ownership and responsibility for their own health and wellbeing
- Will be proactive and access those services and resources readily available to them to increase their resilience
- Will work with organisations and commissioners to co-produce services and resources
- Will support more vulnerable members of the community to maintain good health and develop strong social connections.

Individuals

- Will take ownership and responsibility for their own health and wellbeing
- Will be proactive and access those services and resources readily available to them to increase their resilience
- Will use services and resources that are limited and high cost wisely and only when essential.

22. Healthwatch Warwickshire. http://www.healthwatchwarwickshire.co.uk/sites/default/files/uploads/Good_Engagement_CharterWarwickshire.pdf

Conclusion

The Health and Wellbeing Strategy is a partnership commitment. Successful delivery of the Health and Wellbeing Strategy will come from partners working together to address the priorities within the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment (JSNA), across all organisational boundaries.

EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)

Warwickshire Health and Wellbeing Strategy

Warwickshire County Council

Equality Impact Assessment/ Analysis (EqIA)

Group	**Communities (Strategy is led by the Warwickshire Health and Wellbeing Board which is a multi-agency Board)**
Business Units/Service Area	**Public Health (Strategy is led by the Warwickshire Health and Wellbeing Board which is a multi-agency Board)**
Plan/ Strategy/ Policy/ Service being assessed	**Warwickshire Health and Wellbeing Strategy**
Is this is a new or existing policy/service? **If existing policy/service please state date of last assessment**	**New strategy following on from the previous interim strategy**
EqIA Review team – List of members	**Nicola Wright, Catherine Rigney**
Date of this assessment	**21/08/2014**
Signature of completing officer (to be signed after the EqIA has been completed)	*CRigney*
Are any of the outcomes from this assessment likely to result in complaints from existing services users and/ or members of the public? If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible.	**NO**
Name and signature of Head of Service (to be signed after the EqIA has been completed)	**John Linnane** *John Linnane*
Signature of GLT Equalities Champion (to be signed after the EqIA is completed and signed by the completing officer)	

A copy of this form including relevant data and information to be forwarded to the Group Equalities Champion and the Corporate Equalities & Diversity Team

Form A1

INITIAL SCREENING FOR STRATEGIES/POLICIES/FUNCTIONS FOR EQUALITIES RELEVANCE TO ELIMINATE DISCRIMINATION, PROMOTE EQUALITY AND FOSTER GOOD RELATIONS

🟥 High relevance/priority   🟧 Medium relevance/priority   🟩 Low or no relevance/ priority

Note:
1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

Business Unit/Services: State the Function/Policy /Service/Strategy being assessed:	Gender			Race			Disability			Sexual Orientation			Religion/Belief			Age			Gender Reassignment			Pregnancy/ Maternity			Marriage/ Civil Partnership (only for staff)		
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Warwickshire Health and Wellbeing Strategy			✓		✓		✓				✓			✓		✓				✓		✓				✓	

Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? The strategy aims to reduce health and social inequalities and for deprived or vulnerable communities to achieve better outcomes.	**YES**
Are your proposals likely to impact on a **carer** who looks after older people or people with disabilities?	**YES**

The strategy outlines 'better support and information for carers of disabled people to empower them to live the lives they want and achieve their full potential' as an outcome, as well as referencing the personalisation and integration agenda in relation to carers and the care they deliver and receive.

Form A2 – Details of Plan/ Strategy/ Service/ Policy

Stage 1 – Scoping and Defining	
(1) What are the aims and objectives of Plan/Strategy/Service/Policy?	Looking after the health and wellbeing of the population of Warwickshire is not the responsibility of one single body. Statutory and non-statutory organisations, including the voluntary sector, across the county all play a part in impacting on our health and wellbeing and influencing our behaviour. The Health and Wellbeing Strategy provides Warwickshire – residents and organisations – with a picture of what the Health and Wellbeing Board (its members and wider partners) will need to deliver over the next 5 years and how we will work together to achieve this. The Warwickshire Health and Wellbeing Board has agreed three priorities that will inform how we will work together, develop actions and report on our progress on improving the health and wellbeing of Warwickshire. The Health and Wellbeing Strategy Priorities are: • Promoting independence • Community resilience • Integration and working together

(2) How does it fit with Warwickshire County Council's wider objectives?	• One Organisational Plan Ambitions:
	   o Our communities and individuals are safe and protected from harm and are able to remain independent for longer
	   o The health and wellbeing of all in Warwickshire is protected
	   o Resources and services are targeted effectively and efficiently whether delivered by the local authority, commissioned, or in partnership.

(3) What are the expected outcomes?	The Health and Wellbeing Strategy makes a difference by: • The Strategy provides clarity for public, community and voluntary sector providers of the Warwickshire Health and Wellbeing Board's priorities for its delivery of health and wellbeing across the county • Providing a framework for organisations to use when commissioning, redesigning and decommissioning services • Enabling Warwickshire to use existing assets and resources of partners, including workforce, communities and information to reshape services • Influencing the wider determinants of health and wellbeing through joint working across the county.
(4)Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)	Disability Age Pregnancy/ Maternity
Stage 2 - Information Gathering	

(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?	A comprehensive literature review has been carried out to include a wide range of relevant national policy and strategy around health and social care. Specifically referenced is the Better Care Fund, The Children and Families Act and The Care Act.
	Local consultation is being carried out to gather the views of local residents, organisations and stakeholder groups. The Health and Wellbeing Board and active observers have been involved in the consultation on the strategy over the past year.
	Data and information from the Warwickshire Joint Strategic Needs Assessment (JSNA) has been widely utilised; initially this was to inform the decision making on the priorities. JSNA data has also been used throughout the chapters in order to identify the priority groups.

(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?	The Health and Wellbeing Strategy consultation process involves a two-step process with initial consultation aimed at members of the Health and Wellbeing Board members and active observers. A copy of the pre-consultation summary can be obtained by contacting the EqIA report authors. This second stage is a full public and stakeholder consultation on the draft strategy.
	The first stage of the consultation, took place during July via a qualitative questionnaire that was sent to approximately 30 recipients (Health and Wellbeing Board members and active observers). The survey asked recipients what they understood by the concepts of the three priorities, which groups should be included within each and if there are any key messages that should be communicated around each priority. Responses were received from a combination of Board members and active observers which have informed the writing of the Strategy.
	The second stage of the consultation includes a public questionnaire conducted in line with the Warwickshire County Council engagement protocols. This took place from 18th August 2014 to 8th October 2014. This includes general questions on the draft strategy, as well as specific questions on each topic area. The results of this consultation were incorporated into the Strategy during its development and informed the topic areas and content of each section.
	There is also a workshop for Health and Wellbeing Board members and key stakeholders.
(3) Which of the groups with protected characteristics have you consulted with?	Race Age Sexual Orientation Gender Reassignment Gender Religion/Belief Disability

Stage 3 – Analysis of impact			
(1) From your data and consultations is there any adverse or negative impact identified for any particular group which could amount to discrimination? If yes, identify the groups and how they are affected.	RACE **NO**	DISABILITY **NO**	GENDER **NO**
	MARRIAGE/CIVIL PARTNERSHIP **NO**	AGE **NO**	GENDER REASSIGNMENT **NO**
	RELIGION/BELIEF **NO**	PREGNANCY MATERNITY **NO**	SEXUAL ORIENTATION **NO**
(2) If there is an adverse impact, can this be justified?	N/A		
(3)What actions are going to be taken to reduce or eliminate negative or adverse impact? (this should form part of your action plan under Stage 4.)	N/A		

(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?	The Strategy aims to improve the health and wellbeing of all. This may mean targeting resources to those vulnerable groups who need services the most.
(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?	The third priority of the strategy focuses on integration and working together. This entire priority is dedicated to putting the person at the centre of care, and encourages organisations to work together by aligning services to ensure they receive seamless and appropriate care. This is also supported by the Better Care Fund.
(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?	N/A

(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?	Positive consequences include: - Ensuring the best possible start to life for children, young people and their families - Support for young people who are most vulnerable and ensuring their transition into adulthood is positive - Enabling people to effectively manage and maintain their physical and mental health and wellbeing - Ensuring that people with disabilities have the same choice, control and freedom as any other citizen – at home, at work and as members of the community - Enabling older people fulfil the tasks of independent living, maintaining social connections, and allowing people to have choice and control over how they live their lives - Increasing the resilience and capacity of our communities, enabling them to better support themselves, vulnerable individuals and families - Promoting positive lifestyle behaviour changes and encourage individuals and communities to take responsibility for their own health - Targeting limited resources where they are most needed and bridge the gap in health and social inequalities where they exist across the county - Engaging with and seek the views of individuals and communities and use neighbourhood data and analytics to ensure that the needs of communities are fully understood - Supporting communities to participate in and influence the shaping and transforming of local services - Residents to develop coping skills for the prevention of stress, depression and anxiety - Improving educational attainment, particularly with those pupils that are eligible for free school meals - Maximising opportunities for local economic and job development - Supporting people to remain healthy and independent, in their own homes for longer - Supporting people to get the right service at the right time and in the right place - Improving accessibility and visibility of 'front doors' to support people, to make the right choice, the easiest choice, informed by customer journey examples - Improving care coordination in the community for high risk/cost patients

(8) What actions are going to be taken to reduce or eliminate negative or adverse impact on population health? (This should form part of your action plan under Stage 4.)	There are no expected adverse impacts on population health as a result of this strategy.
(9) Will the plan/strategy/service/policy increase the number of people needing to access health services? If so, what steps can be put in place to mitigate this?	One of the aims of the strategy is to reduce the need for and dependency on health and social care services. This will be achieved through the strategy priorities of promoting independence and community resilience.

(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?	The Health and Wellbeing Board is responsible for leading locally on tackling health inequalities, by providing a forum for councillors, commissioners and communities to work with wider partners to address the determinants of health, reduce health inequalities and strengthen our communities.
	The Strategy refers to the importance of information and data sharing, in order to help in understanding the health and wellbeing needs of everyone and the quality of the treatment and care provided, and reducing inequalities in the care provided.
	The Strategy refers to a number of national strategies and targets aiming to improve health and wellbeing and reduce health inequalities highlight the importance of involving local communities. The Strategy outlines a commitment to working with our communities, involving them in local decision making and co-producing services that will improve their health, wellbeing and resilience. This links to the Strategy's reference to targeting limited resources where they are most needed in order to bridge the gap in health and social inequalities where they exist across the county, by: • Focusing on prevention, early help and targeted support. Our most vulnerable communities will be supported through targeted interventions which encourage independence and improved wellbeing Providers and commissioners measuring their outcomes using validated tools and measures.

Stage 4 – Action Planning, Review & Monitoring	

If No Further Action is required then go to – Review & Monitoring (1)Action Planning – Specify any changes or improvements which can be made to the service or policy to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.	EqIA Action Plan

EqIA Action Plan

Action	Lead Officer	Date for completion	Resource requirements	Comments

(2) Review and Monitoring State how and when you will monitor policy and Action Plan	The strategy will have action plans completed by all partners at regular intervals, minimally annually.

Please annotate your policy with the following statement:

'An Equality Impact Assessment/ Analysis on this policy was undertaken on (date of assessment) and will be reviewed on (date three years from the date it was assessed).

Warwickshire Health and Wellbeing Board

19/11/14

Coventry and Warwickshire's local response to Winterbourne View Hospital

Recommendations:

1. Health and Well-being Board agree Coventry and Warwickshire's Local Response to Winterbourne View Hospital and endorse the work programme for 2014 – 2016.

1. Summary:

1.1 Following the events that took place at Winterbourne View Hospital, *Transforming Care* and the *Winterbourne Concordat* placed a number of requirements on local areas including the development of a joint plan for high quality care and support services for people of all ages with challenging behaviour by 1st April 2014.

1.2 Health and Well-being Board have considered local progress in response to *Transforming Care* and the *Winterbourne Concordat* on a number of previous occasions including a paper on 17th July 2013 and a dedicated workshop on 13th January 2014.

1.3 This paper presents Coventry and Warwickshire's joint plan in response to the events that took place at Winterbourne View Hospital. This document describes the way that Warwickshire County Council, Coventry City Council, NHS South Warwickshire Clinical Commissioning Group, NHS Warwickshire North Clinical Commissioning Group and NHS Coventry and Rugby Clinical Commissioning group will work together, and in partnership with all stakeholders, to deliver care and support that promotes prevention and early intervention that is:
- closer to home;
- in line with best practice models of care;
- personalised and responsive to individual needs over time;
- based on individuals' and families wishes; and
- value for money.

2. Background and Context:

2.1 In response to the abuse of adults with a learning disability at Winterbourne View, exposed in a Panorama investigation broadcast in 2011, *Transforming*

Care and the *Winterbourne Concordat* were published in December 2012. Some of the key components of the concordat included:

- The requirement to establish a local register of patients by April 2013.
- A duty on local areas to review all hospital placements (by June 2013) and move everyone inappropriately placed to community based support by 1st June 2014.
- Every area will put a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour by 1st April 2014.
- Development of pooled budget arrangements.
- National leadership and support for local change.
- Planning will start from childhood.
- Tightening of regulation and inspection

2.2 Norman Lamb's letter of 24th May 2013 focused the key requirements for Health and Well Being Boards to deliver on by April 2014:

- A joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area.
- A strong presumption is this will be undertaken through pooled budgets.
- That it will promote and facilitate joint and collaborative commissioning arrangements by local authorities and CCGs to support these aims.

3. Developing the Local Response

3.1 Two multi-agency groups operating across Coventry and Warwickshire have continued to meet regularly to progress the key milestones associated with the Winterbourne Concordat; a Clinical Review Group focused on individual patient review and discharge and a Strategic Planning Group (now the Learning Disability and Autism Commissioner Group) focused on the development of the joint plan.

Patient Review

3.2 To facilitate personalised assessment and support planning in response to the *Winterbourne Concordat*, a multi-agency clinical review group operates to scrutinise the quality and timeliness of individual plans to progress repatriation to local community services. Of Warwickshire's original cohort of individuals in hospital placements, as at 1st April 2013, 3 currently remain in hospital settings (1 is due to move imminently, 1 is being supported to step down to a residential care setting in the county they are currently placed and 1 is involved in court processes). This approach has been very successful in ensuring all partners are working collaboratively to meet the needs of customers and their carers and to deliver the requirements of the concordat. As a result, the clinical review programme has been extended to include all individuals placed by health and social care who are out of county in residential placements with a view to supporting as many individuals as possible to return to local community services. Warwickshire and Coventry's approach has been recognised by local and regional teams and ADASS.

<u>Developing the Joint Plan</u>

3.3   The draft plan was developed by April 2014 in line with requirements. However Warwickshire and Coventry agreed to embark on a period of engagement with stakeholders to ensure that the plan appropriately captured local needs. As part of this:

* Appropriate officers within Warwickshire County Council, Coventry City Council and the three CCG's were given the opportunity to comment on the plan. All comments were considered and the plan was updated accordingly to reflect their views.

* The local peer advocacy group undertook some detailed work with learning disability representatives on the partnership board to ascertain their views to contribute to the development of the joint plan.

* A programme of engagement activity took place throughout June and July 2014 to meaningfully engage customers, carers and providers to consider the proposed aims and objectives in the plan, whether the objectives will achieve the stated aim and whether there are identify any gaps in the plan. We spoke to 100 plus people during this time. We conducted an on-line survey and paper survey which was in an accessible format. We held a workshop with over 30 providers to gather their opinions about the plans. The Advocacy and Empowerment Service supported service users with high support need to take part in the survey. One of the ways they achieved this was to support communication through art. We asked people if we had got the plan right. 80% agreed and 20% strongly agree that we had got it right. Some questions were asked about how we were going to monitor the plan. We made sure we added this to the draft plan as it was not clear.

3.4   Warwickshire's Learning Disability Partnership Board has considered and endorsed the draft plan.

4. Next Steps

4.1   Following endorsement by Health and Wellbeing Board commissioners across health and social care in Warwickshire and Coventry will work together to progress the delivery of the plan up to March 2016 with regular updates presented to the Joint Commissioning Board.

4.2   An accessible version of the plan, and any associated progress updates, will be developed to ensure that local customers and carers can fully understand the work programme and monitor delivery.

5. Background Papers

* Winterbourne View – Progress Update and Implications for Warwickshire, Warwickshire Health and Wellbeing Board, 17 July 2013
* Getting Things Right: A Response to Winterbourne View. Guide for Learning Disability Partnership Board, Children and Young People's Board

Warwickshire
County Council

and Health and Wellbeing Board members: Ensuring a high quality joint local plan in response to Winterbourne View.

- Winterbourne View Joint Improvement Programme Initial Stocktake of Progress against key Winterbourne View Concordat Commitment; July 2013.

Report Authors: Paper prepared by Becky Hale and Sherryl Gaskell on behalf of the Learning Disability and Autism Commissioners Group.

Warwickshire
County Council

Coventry and Warwickshire's local response to Winterbourne View Hospital

A work programme for 2014-2016

This is Coventry and Warwickshire's joint strategic plan for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging

Version History

Version Date	Summary of Changes	Author	Circulated to
V0.1 14/01/14	First draft circulated to stakeholders	Ali Cole	Winterbourne strategy group
V0.2 06/02/14	Second draft circulated to stakeholders Incorporating changes following feedback from stakeholders on 15/01/14	Ali Cole John Brady Sherryl Gaskell	Winterbourne strategy group
V0.3 27/3/14	Third draft circulated to stakeholders incorporating changes following feedback 13/2/14	Ali Cole Sherryl Gaskell Sally Eason	Winterbourne strategy group
V0.4 8/4/14	Incorporating more detailed feedback from stakeholders	Ali Cole	Winterbourne strategy group
V0.5 23/4/14	Incorporating feedback from meeting 8/4/14, comments from Zandrea, further data on numbers of people living out of area, separation of operational action plan	Ali Cole Sally Eason Jon Reading	Service users and carers, CCGs, local authorities, learning disability partnership boards
V0.6	Incorporating feedback from service users, carers and members of commissioning organisations	Ali Cole	Winterbourne Strategy Group
V0.7	Minor changes to wording, updated governance structure, incorporating further feedback from CWPT	Ali Cole	Coventry and Warwickshire Health and Wellbeing Boards for approval

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Forward

In response to the findings of the national Winterbourne View Report, the three NHS Clinical Commissioning Groups (CCGs) and two local authorities in Coventry and Warwickshire have developed a joint plan for services for people with learning disabilities and autism; specifically those who also have mental health issues or challenging behaviour.

The plan, which is backed by the Coventry and Warwickshire Health and Wellbeing Boards, describes how local services will be transformed so that people no longer have to live in hospitals when they could live somewhere more appropriate or at home – and that they feel supported to do this successfully. Outlined in the plan is the CCGs' and local authorities' commitment to working with individuals and families to put patients at the centre of care services.

The main principles of the plan are that people with a learning disability and autism will;

- be treated as individuals and have personalised care plans that reflect this;
- have more choice, control and influence over their care;
- be cared for in the most appropriate setting
- have the support to lead full and meaningful lives and play an active role in their community;
- feel safe and be free from abuse.

Service users, carers and providers of learning disability services across Coventry and Warwickshire have been engaged as part of the development of this plan, and their feedback has been used to inform the local response to Winterbourne.

The Coventry and Warwickshire Learning Disability Partnership Boards have endorsed this plan. Regular updates will be provided to both Learning Disability Partnership Boards about progress with implementation of the plan.

Forward

Executive Summary

This plan describes how we will transform health and care services in Coventry and Warwickshire for all people with learning disabilities or autism who have high support needs or challenging behaviour. We want to stop people being placed in hospital inappropriately, provide the right model of care, and drive up the quality of care and support.

While many people with learning disabilities live at home and access universal services, the people to whom this plan refers often need more personalised support from health and social care services in order to maintain independent living arrangements. This plan complements existing strategies for people with learning disabilities and autism and highlights the actions required to ensure that the specific requirements of people with high support needs or challenging behaviour are recognised and supported by local services.

A clinical review group has been established and has implemented a successful model across Coventry and Warwickshire to review all adults meeting the Winterbourne criteria, and repatriate individuals where appropriate. This work is continuing and is being extended to review all people with learning disabilities and autism placed out of area, and those in hospital and residential care within Coventry and Warwickshire.

This plan describes the strategic activities that need to be undertaken alongside the review of people currently living in hospital, to prevent the need for people to be admitted to hospital in the first place, and where people are admitted, to reduce the length of time spent in hospital.

A period of engagement about this plan with service users and carers was undertaken between May and July 2014. The development of local "I" statements was a focus of these engagement activities, describing what service users and carers want from care and support services. The following are the "I" statements which service users and carers in Coventry and Warwickshire agreed to:

- *I am safe.*
- *I am helped to keep in touch with my family and friends.*
- *I have regular care reviews to assess if I should be moving on.*
- *I am involved in decisions about my care*
- *I am supported to make choices in my daily life.*
- *I am supported to live safely & take an active part within the local community.*
- *I get good quality general healthcare.*
- *I get the additional support I need in the most appropriate setting.*
- *I get the right treatment and medication to keep me well*
- *I am protected from avoidable harm, but also have my own freedom to take risks*
- *I am treated with compassion, dignity and respect.*
- *I have a choice about living near to my family and friends.*
- *I am cared for by people who are well supported*

The above statements could describe the desired outcomes for any user of health and care services. What was highlighted by the Winterbourne Review is that we need to transform our health and care services so that people with learning disabilities and autism with high support needs or challenging behaviour can expect the same outcomes as the rest of the local population.

In order to achieve this ambition, our aim is to commission appropriate safe high quality services for all children, young people and adults with high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is:
- closer to home;
- in line with best practice models of care;
- personalised and responsive to individual needs over time;
- based on individuals' and families' wishes; and
- value for money.

We will share our information and work together with all stakeholders to develop measures which we can use to demonstrate progress towards our aim and the achievement of the above outcomes.

Health and social care commissioners in Coventry and Warwickshire are committed to a range of interventions which are required to achieve our aim. These are expressed through a number of strategic objectives to which all partners to this plan are committed. These objectives are underpinned by the following principles:
- ***Service users and their families will be at the heart of decisions about their care***
- ***Services will be commissioned which promote prevention, early intervention and well-being to support people of all ages who are at risk of developing challenging behaviours and minimise inappropriate admissions to hospital***
- ***Commissioners and providers of care and support will collaborate to achieve the best outcomes for service users, including collaborating regionally across West Midlands and with NHS England specialised commissioners where appropriate***
- ***People involved in implementing the plan will use a problem solving, 'can do' approach***

The following diagram shows how our agreed objectives relate to our desired outcomes.

Outcomes, aims and objectives

Desired Outcomes	Strategic Aim	Key Drivers	Strategic Objectives
Our outcomes need to reflect what our service users and carers want from health and care services. The following 'I statements' were developed through engaging with service users and carers:: • I am safe. • I am helped to keep in touch with my family and friends. • I have regular care reviews to assess if I should be moving on. • I am involved in decisions about my care • I am supported to make choices in my daily life. • I am supported to live safely & take an active part within the local community. • I get good quality general healthcare. • I get the additional support I need in the most appropriate setting. • I get the right treatment and medication to keep me well • I am protected from avoidable harm, but also have my own freedom to take risks • I am treated with compassion, dignity and respect. • I have a choice about living near to my family and friends. • I am cared for by people who are well supported These statements could be used to describe what any user of services might expect from health and care services. We need to work harder to ensure that people with learning disabilities and autism with high support needs or challenging behaviour have an equitable experience with others in the population	To commission appropriate, safe high quality services for all children, young people and adults with learning disabilities or autism who have high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is: • closer to home; • in line with best practice models of care; • Personalised and responsive to individual needs over time; • based on their own and families wishes; and • Value for money.	Develop enablers for change	Understand the current and future health and social care needs of this population
			Ensure that individuals have a voice and the opportunity to contribute to the design, monitoring and evaluation of services
			Introduce commissioning arrangements which support the model of care
			Promote a culture of positive risk management and accountability, not blame
			Develop and maintain a good collective understanding of how people's needs are being met through joint contracting and monitoring arrangements and learning lessons from what has and has not worked well.
		Provide a seamless health and social care service	Explore the use of pooled budgets to support the provision of joined up care for people
			Ensure individuals receive a personalised assessment by a competent and appropriate professional which is shared with others across health and social care, and which is regularly reviewed.
		Reduce length of stay and reliance on out of area placements, inpatient care and assessment and treatment services	Agree and implement a jointly owned model of care that reflects best practice, promotes prevention and early intervention and maintains people in their community
			Move all service users closer to home in line with their wishes
		Provide personalised services based on individual need that promote positive outcomes, enable choice and control and are safe for service users and their carers	Offer personalised packages of care and support, including use of personal health budgets and self-directed support
			Commission effective community services by developing the local market to meet the needs of the local population and provide informed choices for service users

Background

In 2012 following an investigation into criminal abuse at Winterbourne View Hospital, the Department of Health published a review of the care and support experienced by all children, young people and adults with learning disabilities or autism who also have mental health conditions or behave in ways that are often described as challenging. For the purposes of this plan, we describe this vulnerable group of people as "people with challenging behaviour".

The Department of Health review highlighted a widespread failure to design, commission and provide services which give people with challenging behaviour the support they need close to home and which are in line with well-established best practice. A national programme of action was produced to transform services so that people with challenging behaviour no longer live inappropriately in hospitals. The national programme aims to ensure that people with challenging behaviour are cared for in line with best practice, based on their individual needs, and that their wishes and those of their families are listened to and are at the heart of planning and delivering their care.

> *"We should no more tolerate people with learning disabilities or autism being given the wrong care than we would accept the wrong treatment being given for cancer."*
>
> **Transforming care: A national response to Winterbourne View Hospital**
> **(Department of Health)**

In order to transform services in line with the national programme, a local response is required from health and care commissioners. This document describes the way that Warwickshire County Council, Coventry City Council, NHS South Warwickshire Clinical Commissioning Group, NHS Warwickshire North Clinical Commissioning Group and NHS Coventry and Rugby Clinical Commissioning group will work together to deliver the changes required.

The following statement from the national programme of action describes the responsibility of local commissioners in developing and implementing this document.

> *"Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care. These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.*
>
> - *This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.*
> - *The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done."*
>
> **Winterbourne Concordat: Programme of Action**
> **(Department of Health)**

Scope of this plan

The Winterbourne Review focused on people with challenging behaviour. In Coventry and Warwickshire, commissioners have chosen to broaden the scope of this plan to include people with learning disabilities and autism who have high support needs. For the purposes of this document, people with high support needs are those who have multiple interlocking needs that span health and social issues, that lead to limited participation within society and which require a personalised response from services. This could be linked to:

- behaviour that is challenging
- specific personal care needs
- safeguarding issues
- mental health needs

People with high support needs may be at increased risk of:
- being admitted to hospital,
- developing challenging behaviour, or
- being accommodated out of area.

It is therefore appropriate to consider people with high support needs alongside those of people with challenging behaviour to ensure that strategies exist to minimise the number of people who are admitted to hospital, to reduce the length of stay for people in hospital and to ensure local services meet the needs of the local population.

Local strategies exist which describe the range of services available to support people in Coventry and Warwickshire with learning disabilities and autism. Further information about local learning disability services can be found at http://coventry.ldpb.info/ and https://www.warwickshire.gov.uk/ldpb. This plan will be implemented while appropriately considering the Care Act 2014 and Children and Families Act 2014.

While many people with learning disabilities live at home and access universal services, the people to whom this plan refers often need more personalised support and may require periods of residential, nursing or inpatient care. **This plan complements existing strategies for people with learning disabilities and autism and highlights the actions required to ensure that the specific requirements of people with high support needs or challenging behaviour are recognised and supported by local services.**

Diagram 1 represents the levels of support required by people in the learning disability population. This plan focuses on people in levels 3a and 3b of this diagram, those who require significant or substantial support from health and care services.

Diagram 1

Levels of need for learning disability population

People with substantial support needs
- People with learning disability who have additional mental health, physical health or psychological needs and require 24 hour support from trained and/or skilled carers to maintain a safe environment
- Including inpatients, residential placements and secure services

3b

People with significant support needs
- People with learning disability who have an increased risk of mental health diagnosis and display behaviours that pose risk to self and/or others which can be effectively managed by skilled intervention
- Require some form of supervision up to 24 hours a day, needs support from skilled carer and complex community-based support

3a

People to whom this plan applies

People with support needs
- People with learning disability who have some physical and/or psychological health needs and require a low level of support from formal and/or informal networks to maintain well-being, safety and inclusion (e.g. supported living, daycare and respite)

2

People who access universal services
- People with a learning disability with no additional behavioural or psychological problems who function with little or no specialist support, who use generic services and live in a stable environment.

1

Due to the small numbers of people with high support needs and challenging behaviour in levels 3a and 3b of the diagram, some of the actions described in this plan will be achieved through working with Solihull to further develop sub-regional partnership working and create economies of scale.

While this plan is owned and will be delivered by health and social care commissioners in Coventry and Warwickshire, activities will be carried out in partnership across Coventry, Warwickshire and Solihull, or regionally across West Midlands where appropriate and in line with the West Midlands Winterbourne Joint Improvement Programme Regional Action Plan.

What do we know about our current services?

In Coventry and Warwickshire, learning disability services for people with high support needs or challenging behaviour are commissioned by three clinical commissioning groups and two local authorities. Forensic and secure services are commissioned by NHS England.

Coventry and Warwickshire Partnership Trust are commissioned to provide the following services:

- Specialist assessment and treatment services for adults and adolescents
- Respite and day services
- Residential and domiciliary care, including home-based support services and registered care homes
- Community learning disability teams
- Secure services (commissioned by NHS England specialist commissioning)

Additional services for people with high support needs or challenging behaviour are commissioned locally through the independent sector for specialist wrap around packages of support, for supported living or for nursing and specialist placements.

To give an indication of scale, a snapshot from April 2014 indicates that **Coventry and Warwickshire provide care and support for 65 adults with significant support needs and 132 adults with substantial support needs** (levels 3a and 3b in diagram 1).

People currently living outside Coventry and Warwickshire

The needs of some people with learning disability or autism are not currently met locally, so some specialist placements are commissioned outside Coventry and Warwickshire.
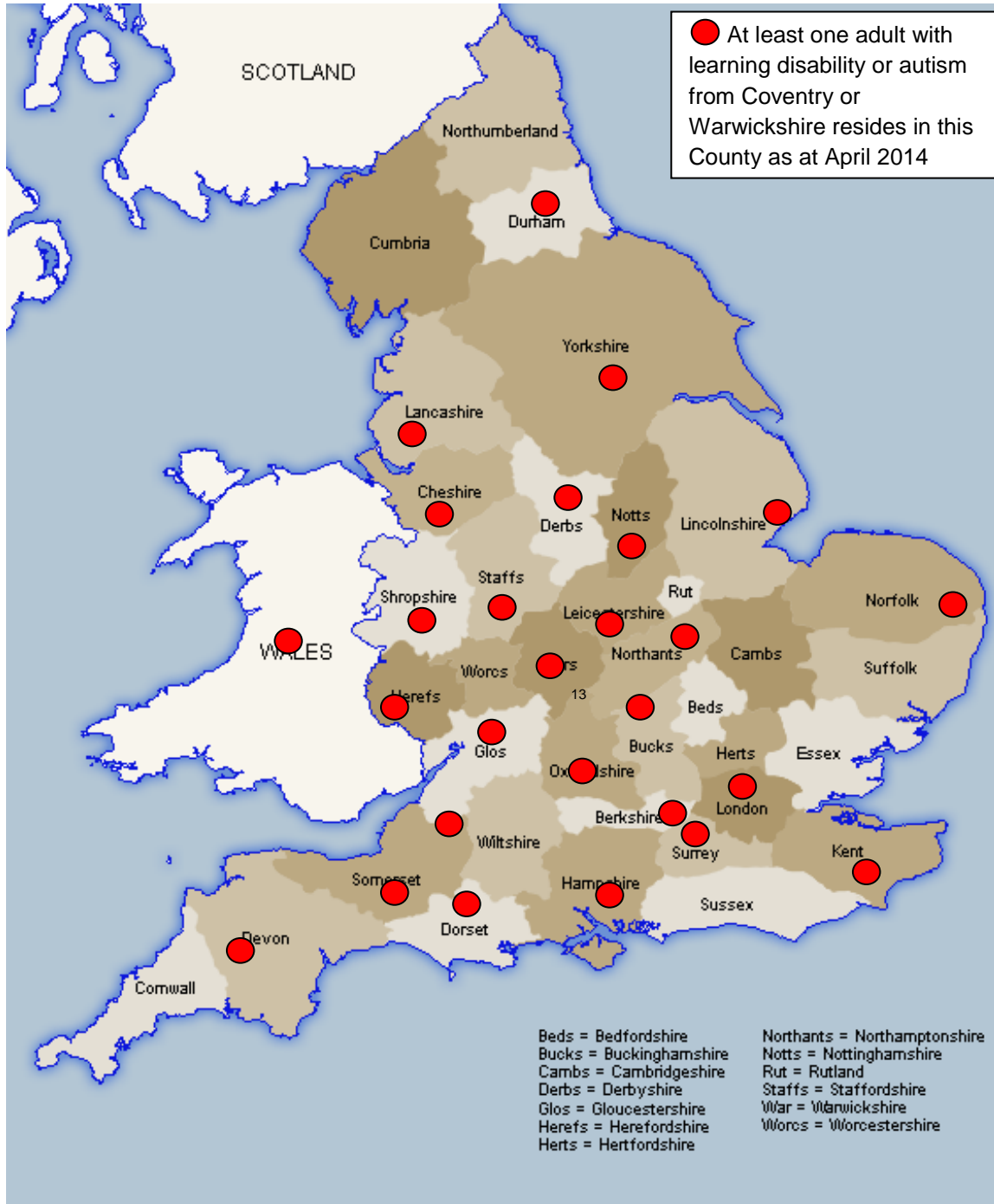
A snapshot from April 2014 indicates for Coventry and Warwickshire there are 164 adults accommodated out of area (of whom less than 10 meet the original Winterbourne criteria of being in hospital placements).

The Winterbourne review highlighted the negative impact on individuals and their families when people are placed away from their home. In Coventry and Warwickshire, following the review of people living out of area who meet the Winterbourne criteria, commissioners have agreed that all people who are placed out of area will be reviewed, and where appropriate either repatriated to Coventry and Warwickshire, or transferred to local services where they currently reside. Repatriating individuals to Coventry and Warwickshire will require the commissioning of different local services to meet individuals' needs and this is being addressed and will be further enhanced through this plan.

While no children or young people from Coventry and Warwickshire were identified as meeting the Winterbourne criteria, we know there are children and young people with learning disabilities and autism who are accommodated out of area in residential schools or colleges. As part of a phased approach, the current register of people is in the process of being expanded to include children and young people.

This map illustrates the geographical spread of services currently commissioned by Coventry and Warwickshire. This snapshot shows in which Counties adults from Coventry and Warwickshire are located as at April 2014. This includes all people with learning disabilities and autism who are placed out of area, not just those who meet the Winterbourne definition.

Diagram 2

Map of England and Wales showing counties with red dots indicating counties where at least one adult with learning disability or autism from Coventry or Warwickshire resides as at April 2014.

Legend: At least one adult with learning disability or autism from Coventry or Warwickshire resides in this County as at April 2014

Beds = Bedfordshire
Bucks = Buckinghamshire
Cambs = Cambridgeshire
Derbs = Derbyshire
Glos = Gloucestershire
Herefs = Herefordshire
Herts = Hertfordshire

Northants = Northamptonshire
Notts = Nottinghamshire
Rut = Rutland
Staffs = Staffordshire
War = Warwickshire
Worcs = Worcestershire

What we have changed since April 2013

A multi-agency clinical review group has been established and has implemented a successful model across Coventry and Warwickshire to review all adults meeting the Winterbourne criteria, and move them closer to home and into less restrictive settings where appropriate. This work is continuing and is being extended to encompass all adults with learning disabilities and autism placed out of area, and those living in hospital and residential care within Coventry and Warwickshire.

Children and young people in residential care are regularly reviewed through existing safeguarding processes. As part of the on-going role of the Winterbourne Clinical Review Group, the current register of people is in the process of being expanded to include children and young people to provide complete assurance to the Winterbourne Programme Board that the system is meeting the needs of children and young people with learning disabilities and autism.

Our plan to transform services

What do we want to achieve?

Our outcomes need to reflect what our service users and carers want from health and care services. The following "I" statements have been developed through engagement with service users and carers.

> - *I am safe.*
> - *I am helped to keep in touch with my family and friends.*
> - *I have regular care reviews to assess if I should be moving on.*
> - *I am involved in decisions about my care*
> - *I am supported to make choices in my daily life.*
> - *I am supported to live safely & take an active part within the local community.*
> - *I get good quality general healthcare.*
> - *I get the additional support I need in the most appropriate setting.*
> - *I get the right treatment and medication to keep me well*
> - *I am protected from avoidable harm, but also have my own freedom to take risks*
> - *I am treated with compassion, dignity and respect.*
> - *I have a choice about living near to my family and friends.*
> - *I am cared for by people who are well supported*

These statements could be used to describe what any user of services might expect from health and care services. We need to work harder to ensure that people with learning disabilities and autism with high support needs or challenging behaviour have an equitable experience with others in the population.

In order to achieve this ambition, our aim is to commission appropriate safe high quality services for all children, young people and adults with high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is:

- closer to home;
- in line with best practice models of care;
- personalised and responsive to individual needs over time;
- based on individuals' and families wishes; and
- value for money.

A key principle of the transformation of services is that people should be supported to live as independently as possible. It is recognised that people's needs change over time and that people with learning disabilities and autism may need additional support at particular times to maintain their current living arrangements. This might be due to a change in their own physical or mental health or a change in their social care needs, or it might be due to a change in the existing carer arrangements. This is particularly relevant to people with high support needs and challenging behaviour, who are more likely to require additional support at particular times to avoid hospital admissions.

Another important theme is that of early identification of children and young people who are at risk of developing challenging behaviours. The way that challenging behaviour is managed for children and young people has crucial implications. Difficulties arising in childhood that are not addressed properly or sensitively can have enormous repercussions for individuals and their families later in life. Where the needs of children and young people are managed well and in an integrated way, individuals and their families will be more likely to cope well with the transition to adult services.

How will we know we have achieved our aim?

We will continue to review individuals to ensure that care and support is appropriate to their needs and is enabling them to achieve a range of personalised outcomes. We will also continue to strengthen how we monitor contracts and services at a strategic level with a focus on outcomes. In addition to self-assessment and contract monitoring processes we will further develop peer review to provide a fresh perspective on service quality.

Outcome measures in national health and social care outcomes frameworks relate to this plan as detailed in Appendix B. However, it is not currently possible to drill down into this nationally collected data to identify the particular population to whom this plan applies. There is therefore an action included in the plan to develop a set of measures, sharing data between organisations where necessary, which will more accurately demonstrate an improvement in outcomes for people with challenging behaviour or high support needs.

The following measures are being considered as potential ways to demonstrate progress. Person and system level measures will be developed and used to create a Winterbourne dashboard with data collected over time to demonstrate a change in outcomes:

- Number of patients maintained in or moving to less restrictive care settings

- Length of stay (inpatients, residential, nursing homes)
- Number of patients in out of area placements due to lack of local provision
- Number of patients in inpatient / assessment and treatment
- Expenditure against budget and historical data
- Number of people receiving personal health budgets
- Satisfaction of individuals and families regarding service provision
- Positive increases in quality of life for individuals and families
- Reduction in health inequalities for individuals
- Population level changes in prevalence of behaviour that challenges
- Reduced number of individuals with learning disabilities and / or autism in residential school / out of area placement
- The Green Light Toolkit has been identified as a tool to measure access for people with learning disabilities to mental health services.
- The Health Equalities Framework is currently being trialled by Coventry and Warwickshire Partnership Trust and could be used to demonstrate a reduction in health inequalities for individuals.

What changes can we make that will deliver the desired outcomes?

A range of interventions are required to achieve this aim and these are expressed through a number of strategic objectives to which all partners to this plan are committed. Diagram 3 shows how the strategic objectives detailed relate to the overall aim. These objectives are underpinned by the following principles:

Principles which underpin this plan
- *Service users will be at the heart of decisions about their care*
- *Services will be commissioned which promote prevention and early help to avoid people developing challenging behaviours and avoid people requiring hospital admission*
- *Commissioners and providers of care and support will collaborate to achieve the best outcomes for service users*
- *People involved in implementing the plan will use a problem solving, 'can do' approach*

The actions in this plan will be delivered through exploring ways to deliver services differently in a way which optimises the use of existing health and social care budgets, without the use of substantial additional funds.

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Diagram 3 Outcomes, Aim and Objectives

Desired Outcomes	Strategic Aim	Key Drivers	Strategic Objectives
Our outcomes need to reflect what our service users and carers want from health and care services. The following 'I statements' were developed through engaging with service users and carers:: • I am safe. • I am helped to keep in touch with my family and friends. • I have regular care reviews to assess if I should be moving on. • I am involved in decisions about my care • I am supported to make choices in my daily life. • I am supported to live safely & take an active part within the local community. • I get good quality general healthcare. • I get the additional support I need in the most appropriate setting. • I get the right treatment and medication to keep me well • I am protected from avoidable harm, but also have my own freedom to take risks • I am treated with compassion, dignity and respect. • I have a choice about living near to my family and friends. • I am cared for by people who are well supported These statements could be used to describe what any user of services might expect from health and care services. We need to work harder to ensure that people with learning disabilities and autism with high support needs or challenging behaviour have an equitable experience with others in the population	To commission appropriate, safe high quality services for all children, young people and adults with learning disabilities or autism who have high support needs or challenging behaviour, in order to deliver care and support that promotes prevention and early intervention and that is: • closer to home; • in line with best practice models of care; • Personalised and responsive to individual needs over time; • based on their own and families wishes; and • Value for money.	Develop enablers for change	Understand the current and future health and social care needs of this population
			Ensure that individuals have a voice and the opportunity to contribute to the design, monitoring and evaluation of services
			Introduce commissioning arrangements which support the model of care
			Promote a culture of positive risk management and accountability, not blame
			Develop and maintain a good collective understanding of how people's needs are being met through joint contracting and monitoring arrangements and learning lessons from what has and has not worked well.
		Provide a seamless health and social care service	Explore the use of pooled budgets to support the provision of joined up care for people
			Ensure individuals receive a personalised assessment by a competent and appropriate professional which is shared with others across health and social care, and which is regularly reviewed.
		Reduce length of stay and reliance on out of area placements, inpatient care and assessment and treatment services	Agree and implement a jointly owned model of care that reflects best practice, promotes prevention and early intervention and maintains people in their community
			Move all service users closer to home in line with their wishes
		Provide personalised services based on individual need that promote positive outcomes, enable choice and control and are safe for service users and their carers	Offer personalised packages of care and support, including use of personal health budgets and self-directed support
			Commission effective community services by developing the local market to meet the needs of the local population and provide informed choices for service users

Key actions to achieve objectives

Key Driver – Develop enablers for change		
The objectives described under this key driver are those activities that we need to undertake to ensure that we have the right conditions for change. These activities will provide supporting structures and processes to enable us to make changes to services.		
Objective	**Rationale**	**In order to do this we will**
Understand the current and future health and social care needs of this population	Wherever possible, local services must be available to meet the needs of our local population. In order to understand what services are required, we need to understand the needs of the local population of children young people and adults with learning disabilities and autism who have high support needs or challenging behaviour.	• Co-ordinate available data from NHS Arden Commissioning Support, Clinical Commissioning Groups, Local Authorities, education services and specialist commissioners at NHS England to ensure that we have a central record of all people in this population including children and young people • Under-take and document a joint strategic needs assessment for this population which identifies the services required to meet the needs of our population. This needs assessment will include the housing, care and support, education and employment needs of individuals. • Work in partnership to forecast the future needs of our population, in particular considering the needs of children and young people as they reach transition and the needs of people who are due to return from specialist commissioning.
Ensure that individuals within this population have a voice and the opportunity to contribute to the design, monitoring and evaluation of services	We must ensure that opportunities exist for people with learning disability or autism who have high support needs or challenging behaviour to provide their views about services which they access and engage in co-production. This is equally relevant for people who are currently living out of area. As this is a minority group within the wider learning disability and autism population, we must be confident that we have made every effort to engage these individuals and their carers in a way which enables them to communicate their needs and wishes.	• Ensure that terms of reference of both Learning Disability Partnership Boards and carer forums in Coventry and Warwickshire describe how people of all ages with high support needs and challenging behaviour are represented • Ensure that meaningful co-production, consultation and engagement activities, which focus on people with high support needs and challenging behaviour, are built into the action plans for all objectives in this plan as appropriate • Ensure that any co-production, consultation and engagement plans describe how people who are currently living out of area will be given opportunities to contribute • Explore access to advocacy services for people with high support needs and challenging behaviour / people who live out of area • Develop information that is accessible for people with high support needs and challenging behaviour • Ensure we meet the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards

Objective	Rationale	In order to do this we will
Have commissioning arrangements in place which reinforce the model of care	An important objective for this plan is to implement a model of care which provides additional support to people with high support needs and challenging behaviour to maintain independent living arrangements wherever possible. Where people do require a period of residential, nursing or inpatient care, they should be accommodated locally and supported to return to more independent living as soon as is appropriate. In order to achieve this, our commissioning arrangements and payment mechanisms need to reinforce our desired model of care. We want to think innovatively about how we can do this.	• Undertake a research project which will explore the incentives that can be used by commissioners to support the model of care. This project will look at examples of best practice and seek input from of service users, carers and providers and will produce an options appraisal for commissioners which will propose potential mechanisms to reinforce the model of care. • Depending on the outcome of this project, commissioning arrangements will be altered across health and social care.
Promote a culture of positive risk management and accountability, not blame	A culture of positive risk management supports the provision of care and support that is personalised and maintains the independence of service users. We want to enable our service users to have the freedom to take make choices and to take some risks in their day to day lives in a supported and safe manner. In order to do this, the culture needs to span the health and social care system, including commissioners, providers and front line carers and support workers.	• Reinforce positive risk management through existing and new strategies and service specifications • Equip and upskill health and social care practitioners to adopt a positive risk management approach via a programme of awareness raising and development sessions • Engage with the wider market and ensure that service specifications reflect the core principles of positive behaviour support. • Implement a risk stratification process which will enable organisations to identify, understand and mitigate risks to individuals and organisations (including financial, risk to self and others, safeguarding, quality assurance and contract monitoring)

Objective	Rationale	In order to do this we will
Develop and maintain a good collective understanding of how people's needs are being met through joint contracting and monitoring arrangements and learning lessons from what has and has not worked well	We need to be confident that the services that we commission provide high quality care and support which meets the needs of individuals in line with our model of care. It is important that we are transparent about our outcomes so that service users and carers can hold us to account. We want to do more of what works well, and intervene early where services are not delivering the outcomes we want to see.	- Develop joint contracting and monitoring arrangements to monitor cost, location and quality of services and monitor outcomes. - Develop a Winterbourne dashboard of outcome measures for this population which will be measured over time to demonstrate progress towards our aim - Develop a process for tracking individuals through the system to ensure that the model of care is meeting the needs of individuals and successfully keeping people out of hospital wherever possible - Determine what information can be shared between organisations under existing information sharing agreements and modify agreements if necessary to enable joint monitoring of individuals - Work with service users and carers to provide them with information which enables them to hold commissioners and providers to account for the quality of local services. - Support a culture of accountability by convening a joint forum for learning lessons from what has worked well and what needs improvement.

Key Driver – Provide a seamless health and social care service		
Many people with high support needs and challenging behaviour will require care and support from services which have traditionally been commissioned by health or social care. In order to provide comprehensive and personalised care and support for individuals, care and support needs to be more closely integrated between health and social care commissioners and providers. These objectives describe how we will work together more effectively to do this.		
Objective	**Rationale**	**In order to do this we will**
Explore the use of pooled budgets to support the provision of joined up care for people	The existence of separate budgets for health and care services can present a barrier to the provision of personalised packages of care and support for individuals, particularly where there is disagreement about which organisation funds which eligible needs and services. We are committed to working together to find ways to streamline funding of packages of care and support which fit the model of care. Strategic benefits would include a move to lead commissioning arrangements.	• All three clinical commissioning groups and both local authorities are already working together to combine funding under the better care fund. The individuals meeting the criteria of this plan will be considered as part of wider work in this area • Form a small working party with representation from all partners to this plan who will identify opportunities for pooled budgets. We will start small by testing the use of pooled budgets, with two pilots (one each in Coventry and Warwickshire). • Following the pilot we will explore formal arrangements for pooled budgets.
Ensure individuals receive a personalised assessment by a competent and appropriate professional which is shared with others across health and social care	The provision of personalised packages of care and support begins with an assessment which provides a complete picture of individuals' needs. Undertaking an integrated assessment which captures all of an individual's needs will provide a more positive experience for service users. Integrated assessments may also represent greater value for money by reducing repetition of effort for professionals undertaking assessment.	• Explore existing models for assessment including a holistic functional assessment tool that could be used by a wide range of professions. • Produce competency based role description for single point of contact / care coordinator and trusted assessor as part of the model of care. • In all service specifications, include requirement for providers to deliver personalised assessments which are shared with others and to undertake reviews at least annually or more often as appropriate.

Key Driver – Reduce length of stay and reliance on out of area placements, inpatient care and assessment and treatment services.
A key principle of the transformation of services is that people should be supported to live as independently as possible and we want to reduce the time that people spend in hospital or residential facilities.   This is particularly relevant to people with high support needs and challenging behaviour, who are more likely to require additional support at particular times to avoid hospital admissions.

Objective	Rationale	In order to do this we will
Agree and implement a jointly owned pathway and model of care that reflects best practice, promotes prevention and early intervention and maintains people in their community	We need a model of care which is responsive to individuals' needs. We recognise that people's needs change over time. This might be due to a change in their own physical or mental health or a change in their social care needs, or it might be due to a change in existing carer arrangements. People with learning disabilities and autism may need additional support at particular times to maintain their current living arrangements.	• Work jointly to develop and test a pathway and model of care with the engagement of service users, carers, providers and commissioners. • Once the pathway is tested and signed off by all organisations, the pathway will be embedded into all governance structures and services will be jointly commissioned which comply with the model of care • Explore commissioning of enhanced support service to provide early intervention support to people in crisis or risk of admission to hospital wherever they reside across Coventry, Warwickshire and Solihull • Improve pre-crisis responsiveness through development of an early warning score and escalation protocol for learning disabilities
Move all service users closer to home	We want to provide services which keep people in our local population as close to home and to their families, friends and communities as possible. Good progress has already been made to review the needs of people who fit the Winterbourne criteria and to move them closer to home where possible. We want to build on this good practice by expanding this programme of work to all people currently placed out of area.	• Collaborate to build on existing good practice in order to establish a joint clinical review team across Coventry and Warwickshire funded by all partners. This team will review all people currently placed out of area and where appropriate commission or coordinate packages of care and support which enable them to move closer to home. • Commission the clinical review team to provide care coordination to support the model of care and reduce the length of time people spend in hospital in Coventry and Warwickshire. • Link into existing processes to review children and young people placed out of area or living in residential care to give complete assurance to the Winterbourne Programme Board that the needs of children and young people are being met.

Key Driver – Provide personalised services based on individual need that promote positive outcomes, enable choice and control and are safe for service users and their carers

The individuals to whom this plan applies have a wide range of different care and support needs. We want to personalise services to individuals to enable people with high support needs or challenging behaviour to live as independently as possible and to support the families and carers of our service users.

Objective	Rationale	In order to do this we will
Offer personalised packages of care, including use of personal health budgets and self-directed support	The different needs of individuals are best met through packages of care and support that are personalised, rather than fitting people into existing services. Personal health budgets and direct payments are a good way of providing flexible financial arrangements to enable personalised packages of care and support. Direct payments are already quite widely used and we will work to increase the opportunities for people to access personal health budgets.	• Ensure personalisation is a key theme that runs through all strategic plans and communication and workforce plans. • Use the relevant markers of the Think Local Act Personal's Making It Real checklist to promote personalisation and community support • Link into wider work to introduce personal health budgets to ensure that consideration is given to how these can be used to provide care and support for people with high support needs or challenging behaviour • Engage clinicians and win hearts and minds to support the pro-active use of personal health budgets.
Commission effective community services by developing the local community market to meet the needs of the local population and provide informed choices for service users	In order to deliver our model of care through local care and support that is personalised to the needs of our service users, there need to be providers in our local market who can deliver the care and support we want to commission. This will require us to work pro-actively to develop the market locally, through working with existing and potential new providers of community services. As the market develops, we need to ensure that service users, families and carers are supported to make informed and safe choices about their care and support.	• Understand and map the local market and compare this to our needs assessment and the needs of individuals in our local area • Develop a market facilitation strategy to meet our local needs and engage with existing and potential new providers to help them understand what is expected • Revise all service specifications across health and social care to reflect our model of care, personalised commissioning approaches and positive behavioural support core principles • Develop a communication strategy to help service users and families understand the care and support that is available

Monitoring progress and reviewing our plan

The Coventry and Warwickshire Learning Disabilities and Autism Commissioners' Group will incorporate the Winterbourne Programme Board and will have overall responsibility for delivering the actions in this plan. Progress with delivery of the plan will be regularly reviewed at the Learning Disabilities and Autism Commissioners Group. Outcome measures once developed will be reviewed and reported on regularly as appropriate.

This group will also have responsibility for aligning the implementation of this plan with other local joint strategies, for example the implementation of recommendations from the joint health and social care learning disability and autism self-assessment frameworks (SAF) and the confidential enquiry into premature deaths of people with learning disabilities (CIPOLD).

The Group will report on progress with delivering the local response to Winterbourne to Health and Wellbeing Boards in Coventry and Warwickshire via the Joint Commissioning Boards in Coventry and Warwickshire. All three CCGs and two local authorities will be represented on the Learning Disabilities and Autism Commissioners Group and will share responsibility for implementation of the plan.

Regular updates will be provided to both Learning Disability Partnership Boards about progress with implementation of the plan.

A diagram is attached at Appendix C, which depicts the local governance structure and the roles of each group in relation to the local response to Winterbourne.

This plan describes the work programme for 2014 to 2016. The plan will be reviewed in 2016 to determine whether a separate Winterbourne plan is still required, or whether the work can be more closely incorporated with wider learning disability and autism strategies.

Appendix A Helping you understand the words we use.

This appendix will be completed as part of the translation of the document into an easy read version, which will be undertaken once the plan is approved by Health and Wellbeing Boards.
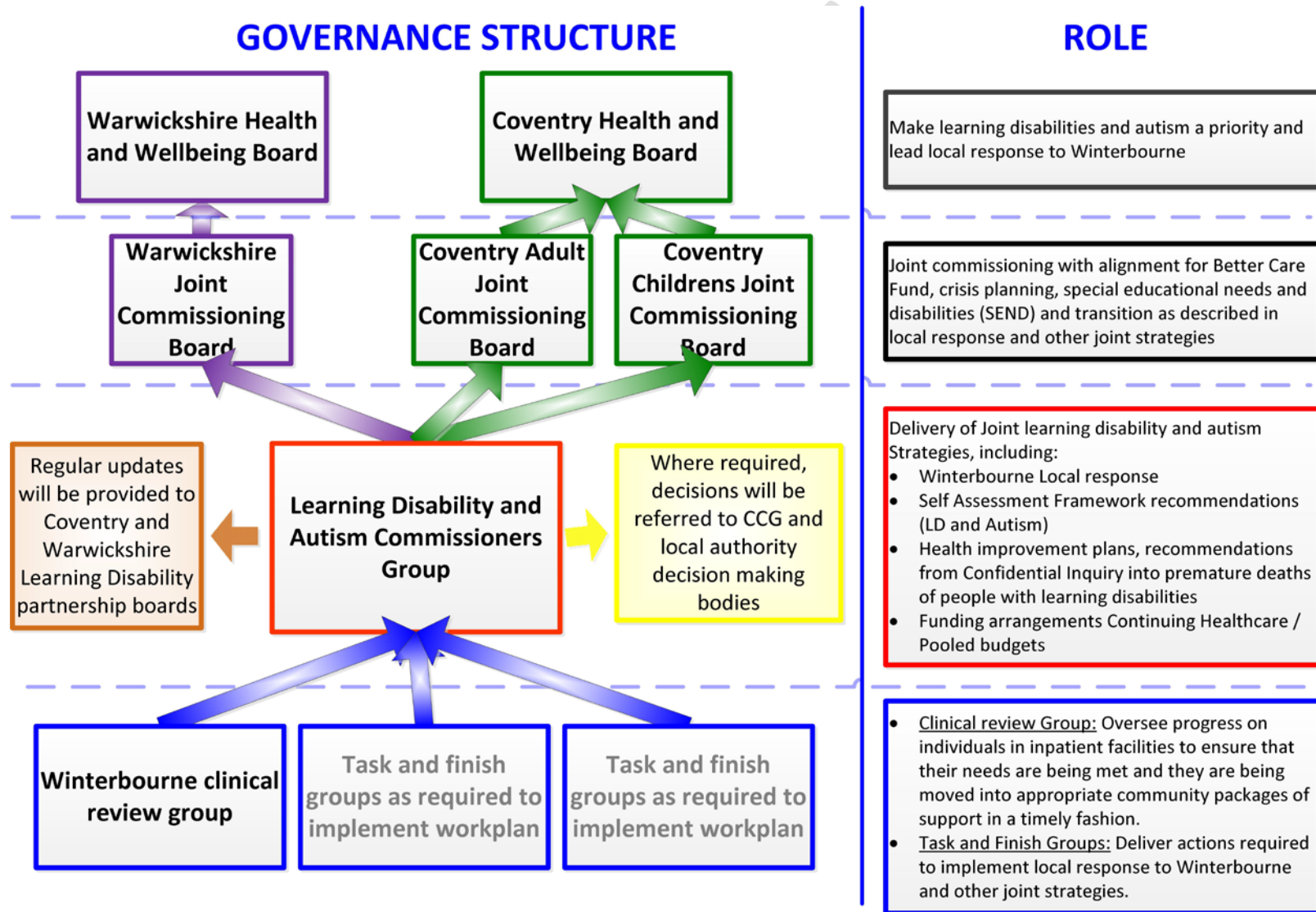
Appendix B National outcome measures which relate to this plan

Strategic Objective	Adult Social Care Outcomes Framework 2014/15	CCG Outcome Indicator Set and NHS Outcomes Framework 2014/15	Public Health Outcomes Framework 2014/15
Agree and implement a jointly owned pathway / model of care that reflects best practice and maintains people in their community • Move all service users closer to home • Commission early intervention services to provide 24 hours supported living outreach to people wherever they reside • Improve pre-crisis responsiveness through development of an early warning score and escalation protocol for learning disabilities	1E Proportion of adults with a learning disability in paid employment 1G Proportion of adults with a learning disability who live in their own home or with their family 1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like*	Domain 1 • Reducing premature deaths in people with learning disabilities (measure in development for future years) Domain 2 • Health related quality of life for people with a long term mental health condition Domain 4 • Responsiveness to in-patients' personal needs NHSOF4.1 • Patient experience of community mental health services NHSOF 4.7 • Improving people's experience of integrated care (measure in development for future years) Domain 5 • Patient safety incidents reported NHS OF 5a	Improving the wider determination of health 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation 1.8 Employment for those with long term health conditions 1.18 Social isolation

Strategic Objective	Adult Social Care Outcomes Framework 2014/15	CCG Outcome Indicator Set and NHS Outcomes Framework 2014/15	Public Health Outcomes Framework 2014/15
Offer individualised packages of care, including use of personal health budgets and self-directed support	1B Proportion of people who use services who have control over their daily life * 1C Proportion of people using social care who receive self-directed support, and those receiving direct payments 3C The proportion of carers who report that they have been included or consulted in decisions about the person they care for		
Introduce a single assessment of needs and ensure needs are regularly reviewed	3E Improving people's experience of integrated care (TBC)		
Develop funding models which support the provision of joined up care for people			
Develop the local community market to meet the needs of the local population and provide informed choice for service users, including good quality housing and building based services	3A Overall satisfaction of people who use services with their care and support 3B Overall satisfaction of carers with social services 3D The proportion of people who use service and carers who find it easy to find information about support		

Appendix C Winterbourne governance structure

GOVERNANCE STRUCTURE

Warwickshire Health and Wellbeing Board

Coventry Health and Wellbeing Board

Warwickshire Joint Commissioning Board

Coventry Adult Joint Commissioning Board

Coventry Childrens Joint Commissioning Board

Regular updates will be provided to Coventry and Warwickshire Learning Disability partnership boards

Learning Disability and Autism Commissioners Group

Where required, decisions will be referred to CCG and local authority decision making bodies

Winterbourne clinical review group

Task and finish groups as required to implement workplan

Task and finish groups as required to implement workplan

ROLE

Make learning disabilities and autism a priority and lead local response to Winterbourne

Joint commissioning with alignment for Better Care Fund, crisis planning, special educational needs and disabilities (SEND) and transition as described in local response and other joint strategies

Delivery of Joint learning disability and autism Strategies, including:
- Winterbourne Local response
- Self Assessment Framework recommendations (LD and Autism)
- Health improvement plans, recommendations from Confidential Inquiry into premature deaths of people with learning disabilities
- Funding arrangements Continuing Healthcare / Pooled budgets

- Clinical review Group: Oversee progress on individuals in inpatient facilities to ensure that their needs are being met and they are being moved into appropriate community packages of support in a timely fashion.
- Task and Finish Groups: Deliver actions required to implement local response to Winterbourne and other joint strategies.

Health and Wellbeing Board

19th November 2014

Warwickshire Safeguarding Adults Board Annual Report 2013-14

Recommendation(s)

1. That the Health and Wellbeing Board consider and comment on the WSAB Annual Report 2013-14, which is attached.

1.0   Key Issues

- The report provides evidence of multi-agency partnership working in practice across Warwickshire to help protect vulnerable adults who are experiencing or at risk of abuse and neglect. Examples include the 2012-15 Strategy and Business Plan, 7 WSAB Sub Committees, and dedicated sections reporting progress and achievements from across the partnership.
- Safeguarding activity continues to increase year on year in line with national trends. 2,307 alerts were received in the report period, an increase of 17% from 2012-13.
- Referrals are received from a wide range of sources, which is very positive and indicative of the impact of training programmes and key messages now being heard regarding adult safeguarding.
- The most prevalent forms of abuse recorded related to financial (33%) and physical (28%), with emotional abuse at (17%). Older people are more likely to experience abuse than younger adults, with women more likely to be victims, but abuse is evidenced across the whole age range from 18 years upwards.
- In line with national trends and accepted research most perpetrators of adult abuse are family members, and most abuse occurs in the home, not care homes or hospitals as the media tend to indicate.
- The Care Act 2014 will introduce new legal powers for adult safeguarding that will include placing safeguarding adults boards (SAB's) on a statutory footing, requirement to conduct serious case reviews under certain criteria, and the power for local authorities to 'require' a partner agency to supply information in order to discharge it's duties. The production of annual strategic plans and SAB annual reports will also become a legal requirement from April 2015.

Warwickshire
County Council

2.0   Options and Proposal

In light of the statutory requirements of The Care Act 2014 relating to Safeguarding Adults Boards, it is proposed that Warwickshire Safeguarding Adults Board develop a governance structure which includes reporting to the Health and Wellbeing Board from April 2015. This will be contained in the Board's Strategic Plan which will be submitted to the Health and Wellbeing Board.

3.0   Timescales associated with the decision and next steps

The governance structure of Warwickshire Safeguarding Adults Board is currently being reviewed and needs to be fully implemented prior to April 2015. This will result in revised membership of the Board and its working relationship with the local authority, which has lead responsibility for safeguarding, and with other partner agencies.   Responsibility for delivery will now rest with the Independent Chair of the Board accountable to the County Council Chief Executive.

Background papers

None

	Name	Contact Information
Report Author	Wendy Fabbro	wendyfabbro@warwickshire.gov.uk 01926 412665
Head of Service	Marie Seaton	01926 742123
Strategic Director	Wendy Fabbro	01926 412665
Portfolio Holder	Cllr Jose Compton	01926 402936

Warwickshire
County Council

Annual Report

2013 - 14

FOREWORD

Looking back, 13/14 was a rather difficult year in which we all responded to huge challenges (not least me!), but our Partnership has held firm to our commitment to safeguard vulnerable adults and ended the year in a stronger position to support and challenge each other to achieve our goals. We can now celebrate the distance we have travelled, and the sound foundations on which our new Independent Chair can build a new statutory remit. As such the Annual report describes the clear and robust framework for partnership and the range of activities from our sub groups that contribute to delivering our strategic objectives. You will read about the Business Plan, Strategy, aligning our policy and process to make it easier to alert professionals to manage risk, better monitoring and reporting- in short the critical elements for a safe system. But lets focus on why we do all of this.

A number of particular themes are worthy of mention

During the year we added a new category of 'Making Safeguarding Personal' to the Business Plan. It will deliver outcomes in 14/15, but has its roots in the comment from Lord Justice Munby:-

The emphasis must be on sensible risk appraisal, not striving to avoid all risk, whatever the price, but instead seeking a proper balance and being willing to tolerate manageable or acceptable risks as the price appropriately to be paid in order to achieve some other good – in particular to achieve the vital good of the elderly or vulnerable person's happiness. What good is it making someone safer if it merely makes them miserable?

The initiative will ask partners to take a fresh look at their systems and the way in which they work with those people we want to safeguard so that we enhance quality of life. Understanding the experience of vulnerable people is essential to achieving this aim, and in 13/14 we completed the process of implementing learning from the tragic case of Gemma Hayter whose life amply illustrates the importance of choice, control and the search for happiness.

We must not underestimate the challenges in the year to come including achieving the statutory status, financial restrictions, new organisational demands; but the SAB members are committed to the partnership to recognise the needs of Warwickshire people to be safe and protected from harm.

Thank you for all of your support and encouragement in my term as Chair, it was a privilege to lead the Board of committed professionals. I look forward to Mike Taylor's leadership building on what has been achieved to continue to safeguard Warwickshire people.

Wendy Fabbro, Chair, Warwickshire Safeguarding Adults Partnership Board

CONTENT

1. Introduction

The Warwickshire Safeguarding Adults Board (WSAB) is a partnership arrangement that includes Warwickshire County Council, Warwickshire Police, the NHS services in Warwickshire, the District and Borough Councils and the local voluntary sector. It's objective is to help and protect adults with care and support needs in the County, who are experiencing, or at risk of abuse or neglect through the 'No Secrets' guidance (Department of Health 2000) which is issued under Section 7 of the Local Authority and Social Services Act 1970.

Through this mandatory guidance, statutory health and social care organisations have a duty of partnership, to work together to put in place services which act to prevent abuse of vulnerable adults, provide assessment and investigation of abuse and ensure people are given an opportunity to access justice.

The 'No Secrets' guidance gives the Local Authority (Warwickshire County Council) a leadership and co-ordinating role to ensure that all those who provide services for local people work together to address the safeguarding agenda in the borough.

A vulnerable adult as defined in the 'No Secrets' guidance is:

a person aged 18 or over.

who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation.

Abuse is a violation of an individual's human or civil rights by any other person or persons (No Secrets 2000).

Categories of abuse include;

• Physical

• Sexual

• Psychological

• Financial or material

• Neglect & acts of omission

• Discriminatory

• Institutional

Abuse can happen anywhere - in someone's own home, on a bus, in a care home, in community care or in a hospital. It may be behaviour that is intended, or caused by a lack of training and/or ignorance.
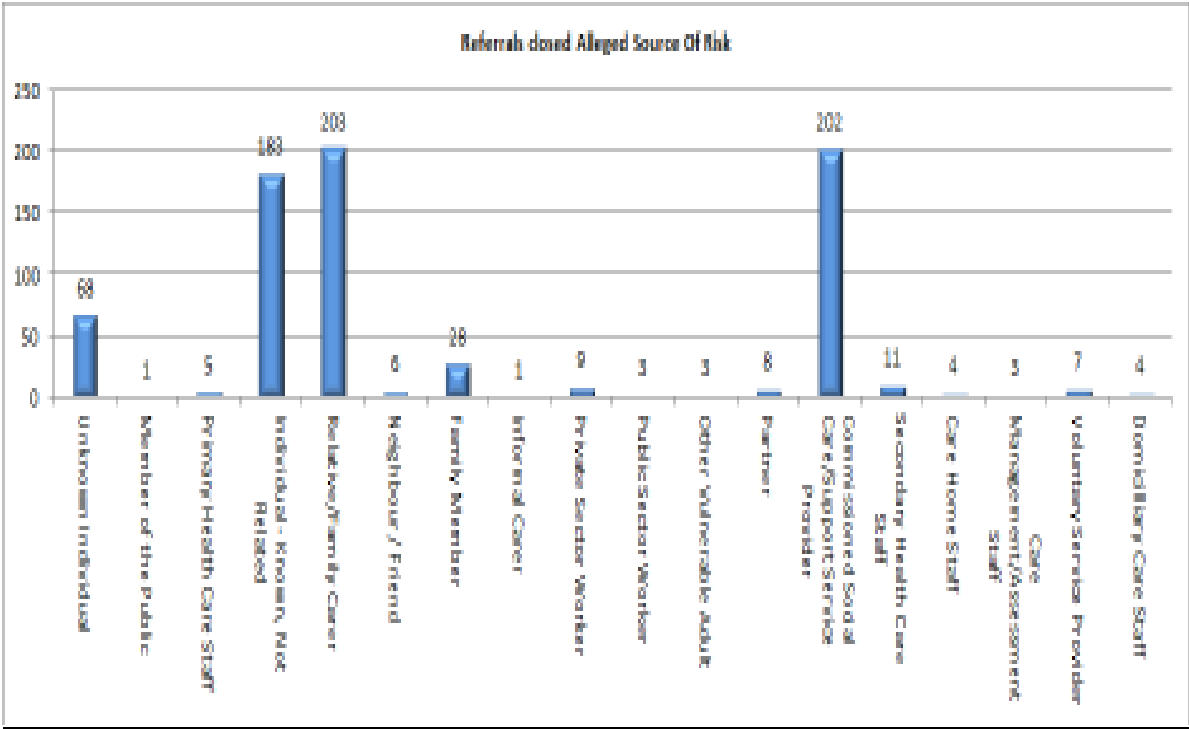
Abusers (perpetrators) are often already known by the vulnerable adult. Abusers can be people such as a professional worker, another service user, a relative, a friend, a group or an organisation.

Research and analysis of statistical data submitted by all local authorities annually to The NHS Information Centre has informed us that contrary to media reporting and popular public perception, most adult abuse occurs within the home, and most commonly perpetrated by family members and those in positions of trust. This is reflected in our local data:- (Taken from Appendix 1 – Safeguarding Adults Data)

Table 5: Location of alleged abuse

Table WCC004	18-64	65-74	75-84	85-94	95+	Total
Care Home	45	13	52	54	12	176
Hospital	20	0	1	4	1	26
Own home	156	66	101	89	11	423
Service within community	26	3	6	2	1	38
Other	69	10	11	14	3	107
Not Recorded	0	0	0	0	0	0
Total	316	92	171	163	28	770

**<u>Graph 4: Alleged Source of Risk</u>**

This Annual Report describes all the activity carried out by the partnership organisations that form the Warwickshire Safeguarding Adults Board (WSAB) to support the safeguarding of vulnerable adults during 2013/2014. In the appendices to the Report are covered the analysis of volume of referrals, the work of the Sub-Committees and the reports from partnership agencies. Together, these give a picture of the extent of work in safeguarding adults being undertaken but we do need to make this more comprehensive both by capturing the engagement of the voluntary sector in this area of work and developing the means of understanding the engagement of people with our safeguarding services and testing whether the desired outcomes are achieved.

2. Structure

The Board previously adopted a strategy and business plan for 2012-15 with clearly stated local priorities set against the six national priorities for adult safeguarding (empowerment, protection, prevention, proportionality, accountability and partnership). To deliver on these priorities there is now an agreed structure with a number of sub-committees who are responsible for the following areas of work:

- Performance, Monitoring and Evaluation

- Systems, Policy and Guidelines

- Health

- Strategy, Communication and Information

- Workforce Development

- District and Borough Councils

- Special Cases

WSAB Structure Chart – March 2014
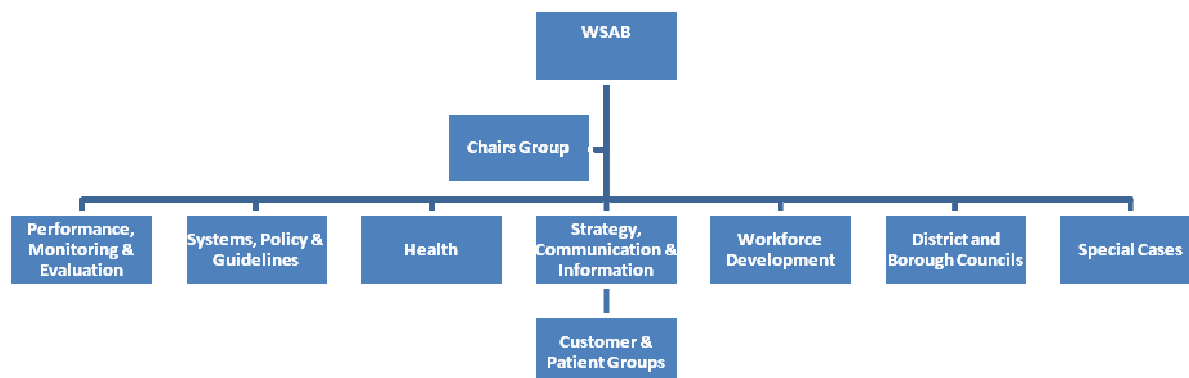
Each sub-committee is chaired by a relevant manager from the partnership, and reports to the main Board at each quarterly meeting, so that progress can be monitored. The reports of the sub-committees are in Appendix 2.

Warwickshire Safeguarding Adults Board membership 2013-14

Age Concern Warwickshire

Coventry & Rugby Clinical Commissioning Group

Coventry & Warwickshire Partnership Trust

George Eliot Hospital NHS Trust

North Warwickshire Borough Council

Nuneaton & Bedworth Borough Council

South Warwickshire Clinical Commissioning Group

South Warwickshire NHS Foundation Trust

Stratford District Council

University Hospitals Coventry & Warwickshire NHS Trust

North Warwickshire Clinical Commissioning Group

Warwick District Council

Warwickshire County Council

Warwickshire Police

Warwickshire Probation Service

West Mercia Police

West Midlands Ambulance Service NHS Foundation Trust

3. Business Plan

During 2012 WSAB developed a three year strategic business plan (2012-15) to be able to deliver on the government statement of policy and principles of adult safeguarding that was published in May 2011. Progress against these objectives is listed below. It is now also evident that a range of further work will be required to ensure that the WSAB is fully compliant with the introduction of The Care Act in April 2015, and the new statutory duties relating to safeguarding adults boards. This programme of work will help to shape and inform the refreshed WSAB Strategic Business Plan from 2015 onwards.

Empowerment (Presumption of person-led decisions and informed consent)

- To establish arrangements to ensure that individuals are consulted about their preferred safeguarding outcomes. Where individuals lack capacity, safeguarding plans must be able to demonstrate that decisions were best interests compliant

- Develop feedback arrangements from customers/patients about their experience of safeguarding

- Devise and implement arrangements for engaging users of services and carers in the work of the Board

Actions completed

- Warwickshire County Council Social Care & Support have developed and piloted a process to gather and report user experience & outcomes. This has been in place since May 2013. The first six months data was reported to Social Care and Support Management Team and onwards to WSAB last year

Actions to be completed and Action Owners

- Review of WSAB membership, sub-committee structure and terms of reference (Chairs Group)
- Revise local agency procedures to reflect outcomes based approach (Performance, Monitoring and Evaluation Sub-Committee)
- Develop virtual exemplar practice group and learning resource (Workforce Development Sub-Committee)
- Apply Making Safeguarding Personal (Local Government Association/ Association of Directors of Adult Social Services Guide) principles and practice to safeguarding activity by Board members.

Protection (Support and representation for those in greatest need)

Implement Pan West Midlands Multi-Agency Policy and Procedures (PWMMAPP)

Actions completed

- Initial Pan West Midlands Multi-Agency Policy and Procedures signed up to by WSAB – this position was reviewed by the Board on advice from the Systems, Policy and Guidelines Sub-Committee

Actions to be completed

- WSAB involvement in the required updating of the PWMMAPP (Systems, Procedures and Guidelines Sub-Committee)
- Training needs to be identified (Workforce Development Sub-Committee)

Prevention (It is better to take action before harm occurs)

Develop and implement a Prevention and Empowerment Strategy to include hate/mate crime, financial abuse and safeguarding standards in commissioning and personalisation services

Actions completed

- Initial scoping of a draft WSAB Prevention Strategy completed by the Strategy, Communications and Information Sub Committee.
- Audit of multi-agency safeguarding practice completed by Performance, Monitoring and Evaluation Sub Committee

Actions to be completed

- Task and Finish Group of WSAB to complete further work to develop a WSAB Prevention Strategy in the context of the Board's Strategic Plan 2015 and the requirements of the Care Act

Proportionality (Proportionate and least intrusive response appropriate to the risk presented)

Develop a best practice statement on proportionality based upon risk enablement

Actions completed

- Warwickshire County Council Social Care & Support have commissioned a piece of work to produce a Risk Assessment Framework that is based on a positive risk enablement model

Actions to be completed

- Revise local agency procedures to include best practice statement (Systems, Procedures and Guidelines Sub-Committee)

Accountability (Accountability and transparency in delivering safeguarding)

Establish optimal membership arrangements for the Board and sub committees with terms of reference and work plans for each sub committee.

Produce a three year business plan with annual review and reporting. These reports to be tabled at executive board level in member statutory agencies.

Actions completed

- Membership of WSAB reviewed and updated
- Terms of reference and work plans agreed and in place for sub committees
- Three year WSAB business plan created

Actions to be completed

- Further review of WSAB membership to meet Care Act requirements (Chairs Group)
- Review and update sub committee terms of reference and work plans (Chairs Group)
- Refresh three year WSAB Strategic Business Plan from 2015 (Chairs Group) to meet the requirements of the Care Act and Guidance including consultation with the local Healthwatch and involving the community in our area
- Revise the format of the Annual Report and ensure its required distribution and effective promotion.

Partnership (Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse)

Actions completed

- Membership of WSAB (Chairs) reviewed and updated
- Sustainable funding arrangements for the Board now proposed and being implemented
- WSAB Business Planning structure implemented

Actions to be completed

- Review and update Terms of Reference of Board (Chairs Group) including the requirement that members are sufficiently senior and have the authority to commit resources and make strategic decisions.
- Review and update Serious Case Review policy and procedure (Special Cases Sub Committee) *Now Safeguarding Adults Review – Care Act 2014*
- Multi-Agency Safeguarding Hub (MASH) development. Recognising that this is a local authority/police led initiative with priority to safeguarding children, the Board needs to monitor the potential benefits of this development and ensure the adult safeguarding component is integral to the service plans.

Conclusion

Throughout this section, reference has been made to the Care Act and the consequent Guidance, which is currently being issued. This will result in revisions to the statutory accountability of the Safeguarding Adults Board and consequently its membership and its reporting requirements. Detailed work has already been undertaken and there is a comprehensive monitoring schedule in place to ensure that the Board can properly report to the Local Authority that it will meet requirements in the designated timescale.

The assessment of 'risk' and the actions required to mitigate this places an onerous responsibility on the local authority and its partners. Striking the proper balance between independence and intervention can only be achieved by detailed assessment of individual needs and test of capacity to meet these safely. The Board will continue to support all concerned in this and will look to a development of performance measures – more outcome focussed and relating to user experience – to help in this. Identifying and endorsing good practice and supporting effective multi-agency working is as significant a remit for the Board as is its responsibility to initiate a Safeguarding Adults Review where there is a suggestion of shortcomings in service and the potential for lessons to be learned.

Appendix 1

Warwickshire Safeguarding Adults Data

Introduction

The Abuse Of Vulnerable Adults (AVA) report was replaced from 2013/14 by the Safeguarding Adults (SAR) return. This return significantly changed the data which is required, and those changes have been reflected in this draft version of the quarterly board report. However, in some cases the Safeguarding Adults return groups information in such a manner that, if used to make operational decisions, may be misleading. In these cases, where possible, Warwickshire's internal reporting has been amended to provide more specific data.

Warwickshire County Council (WCC) and the Coventry and Warwickshire Partnership Trust (CWPT) have been working to improve the data transfer process and a new method has been implemented to provide service user level data, which will allow the core datasets from both WCC and CWPT to be mixed at the earliest stage of analysis and therefore allow detailed and regular analysis. As part of this procedure it has been agreed that three separate reports will be comissioned initially, one covering the WCC and CWPT data respectively with one covering both datasets together. This report is based on combined WCC and CWPT data.

Safeguarding Referrals and Alerts received

Table 1: Number of referrals and alerts received by month (2013/14)

| Month	April	May	June	July	August	September	October	November	December	January	February	March	Total
No. Referrals Received	56	55	47	88	59	68	63	54	50	65	55	37	697
Repeat Referrals	8	6	5	14	10	5	11	7	3	14	3	3	89
% Repeat Referrals	14.29%	10.91%	10.64%	15.91%	16.95%	7.35%	17.46%	12.96%	6.00%	21.54%	5.45%	8.11%	12.77%
No. Alerts Received	204	175	195	202	176	198	218	165	170	187	216	201	2307
Alerts/Referral Proportion	27.45%	31.43%	24.10%	43.56%	33.52%	34.34%	28.90%	32.73%	29.41%	34.76%	25.46%	18.41%	30.21%

A safeguarding alert is a contact to the council where concern is expressed that a vulnerable adult may be the victim of abuse. Multiple alerts may be received about the same person or the same allegation in the period. A safeguarding referral is an adult protection investigation or assessment into concerns reported, and may or may not directly follow the receipt of an alert.

Graph 1: Number of Safeguarding alerts and referrals received

Safeguarding Alerts and Referrals received
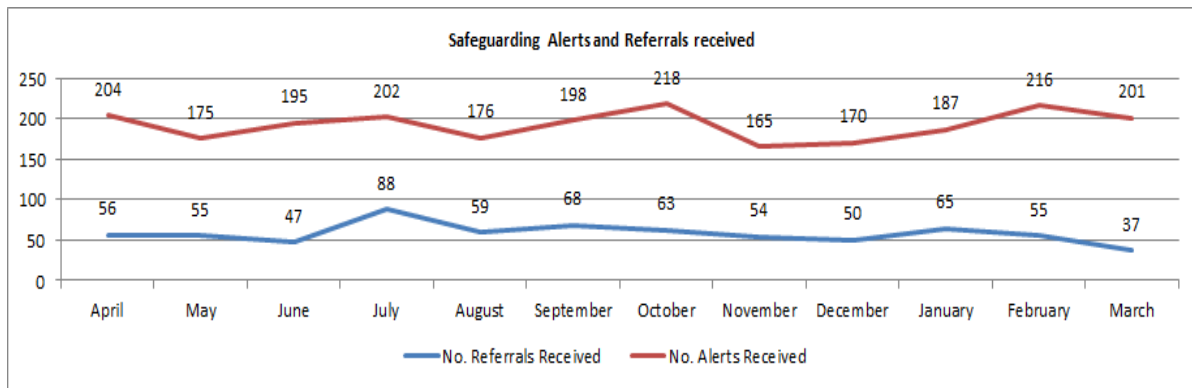
Repeat referrals are defined as any referral received where the same service user was the subject of another referral within a rolling 12 month period. The table shows the number of referrals received in the month, the number of referrals received in that month which were repeats, the percentage of referrals received which were repeat referrals and the number of unique service users who received a referral in the month.

Graph 2: Monthly porportion of repeat referrals and conversion rate

Proportion of referrals which are repeats and monthly conversion rate
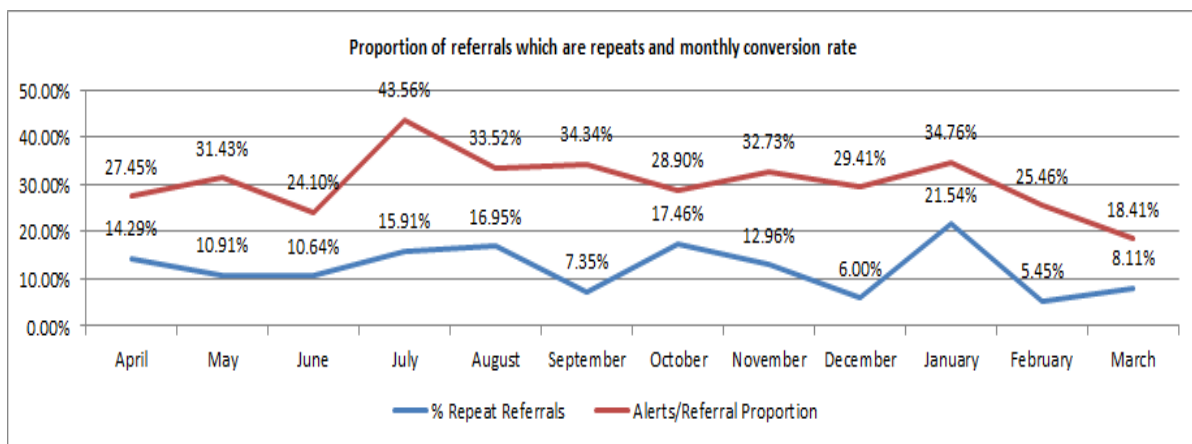
The number of referrals received monthly as a percentage of alerts received (loosely termed the conversion rate, although this doesn't specifically measure alerts which preceed referrals) has seen considerable variance across 2013/14, generally showing around 30% per month. A recent benchmarking exercise conducted across the West Midlands showed a substantial varience in conversion rates (from 26% to 83%) Warwickshire's 2013/14 rate of 32% was comparable to other authorities in the sub-region.

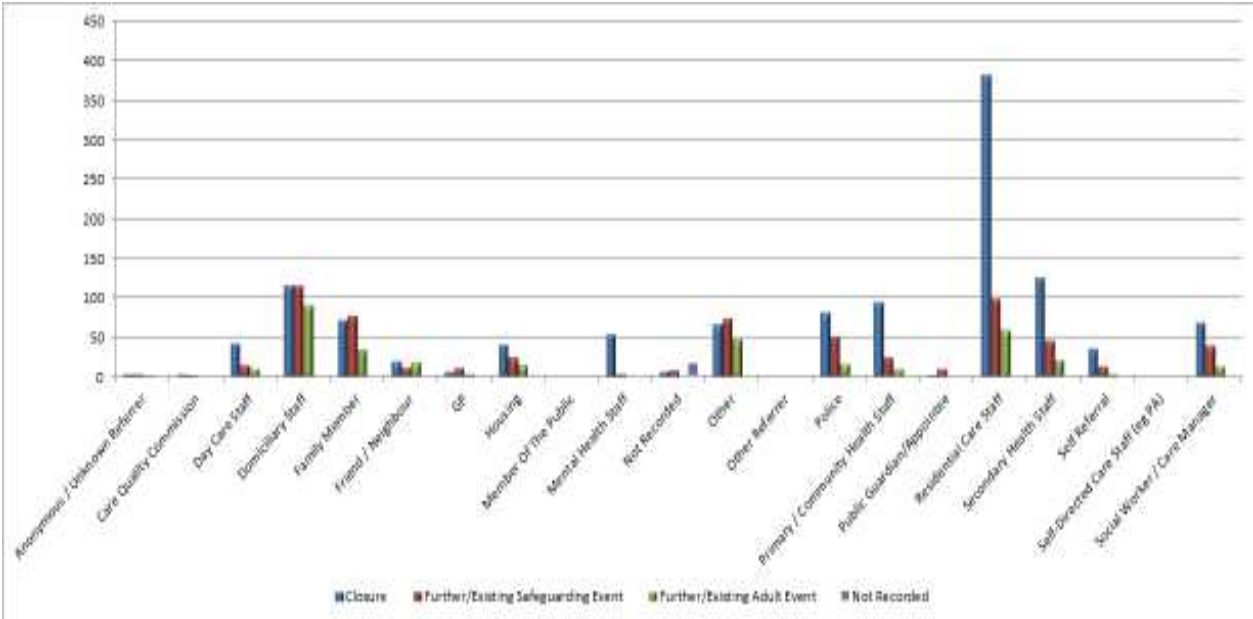**Chart 1: Alerts received YTD by Outcome and Referral Source**

Chart 1 shows the outcome, by referral source, of alerts received in the period. The greatest proprtion of alerts are referred by residential care staff, with the majority of those alerts being closed immediately. However, alerts with a referral source of domicilliary care staff and Secondary Health care staff have raised over the year. Overall Domicilliary care staff make up the second greatest proportion of alert referral sources, and the greatest number of alerts which lead on to further or existing safeguarding events. In most cases, regardless of the source, the most likely outcome of an alert was immediate closure with the exception of self referrals and referrals by family members, which were likely to either become a new safeguarding event or relate to an existing safeguarding event.

Victims of alleged abuse

Chart 2: Safeguarding referrals received by age bracket of victim of alleged abuse

Safeguarding Referrals received by age bracket

- 75-84: 148, 21%
- 85-94: 142, 20%
- 95+: 29, 4%
- 18-64: 297, 43%
- 65-74: 81, 12%
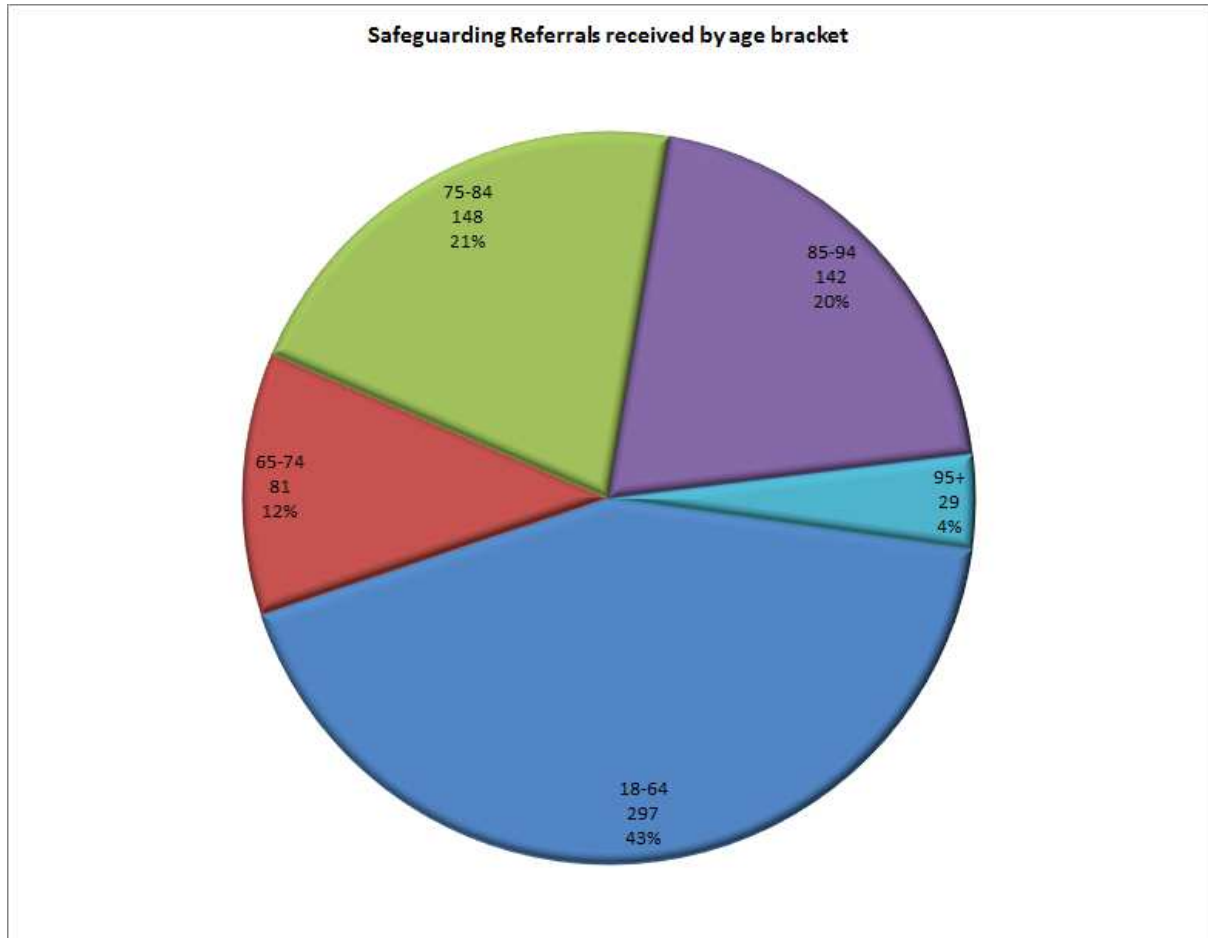
Chart 3: Safeguarding referrals received by gender

Safeguarding referrals received by gender

Male
281
40%

Female
416
60%
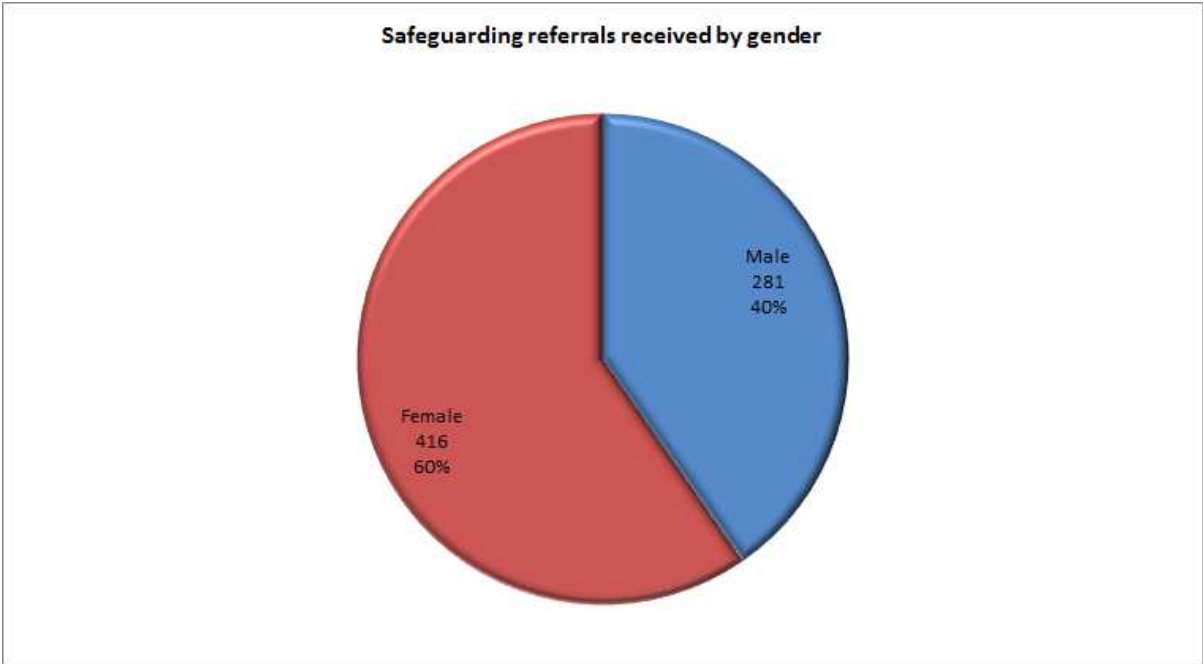
Table 2: Number of safeguarding referrals made by age group of victim

Numbers of individuals for whom a safeguarding referral has been made	18-64	65-74	75-84	85-94	95+	Total
Total	297	81	148	142	29	697

Chart 4: Number of referrals received by ethnicity of the victim of alleged abuse

Undeclared/ Not Known, 76, 11%

Other, 54, 8%

White, 567, 81%

Mixed / Multiple ethnic groups, 7, 1%

Asian / Asian British, 10, 2%

Black / African / Caribbean / Black British, 7, 1%

Other ethnic group, 3, 0%

Not Stated, 27, 4%

Chart 5: Client Group of the victim of alleged abuse

The new Short and Long Term Care (SALT) return, which replaces the Referrals, Assessments and Packages (RAP) return, introduces two new classifications, primary support reason and health condition, to replace the old Client Group cla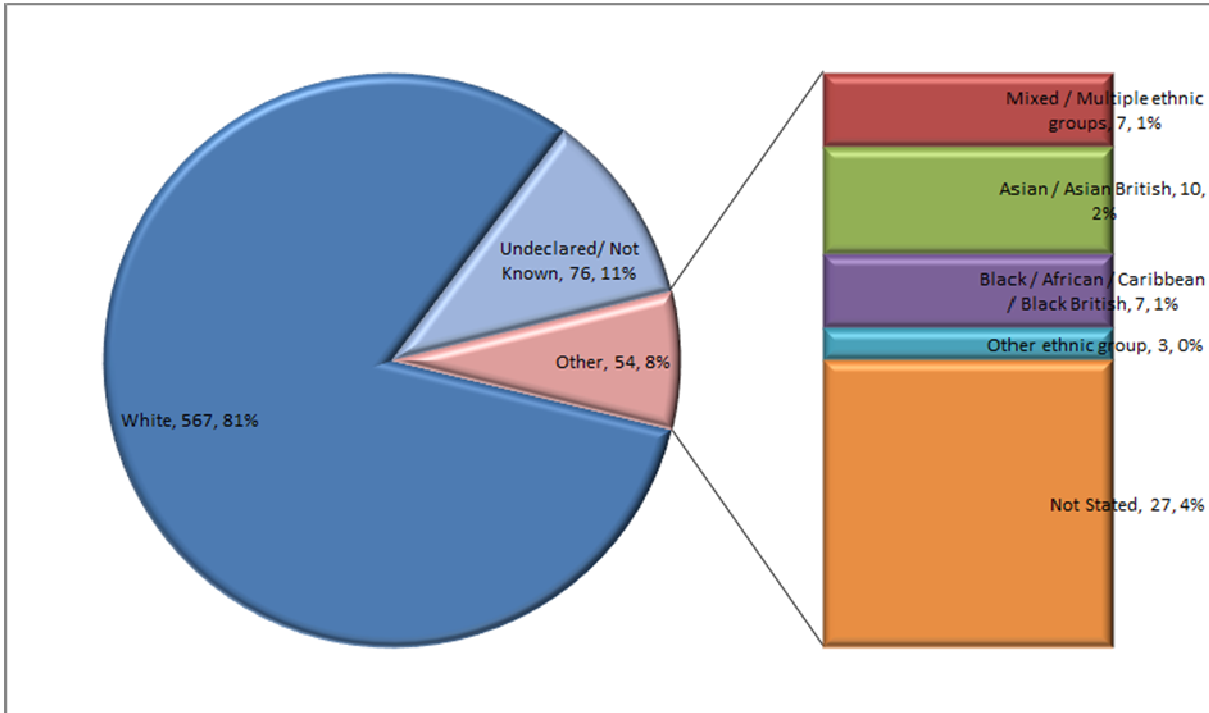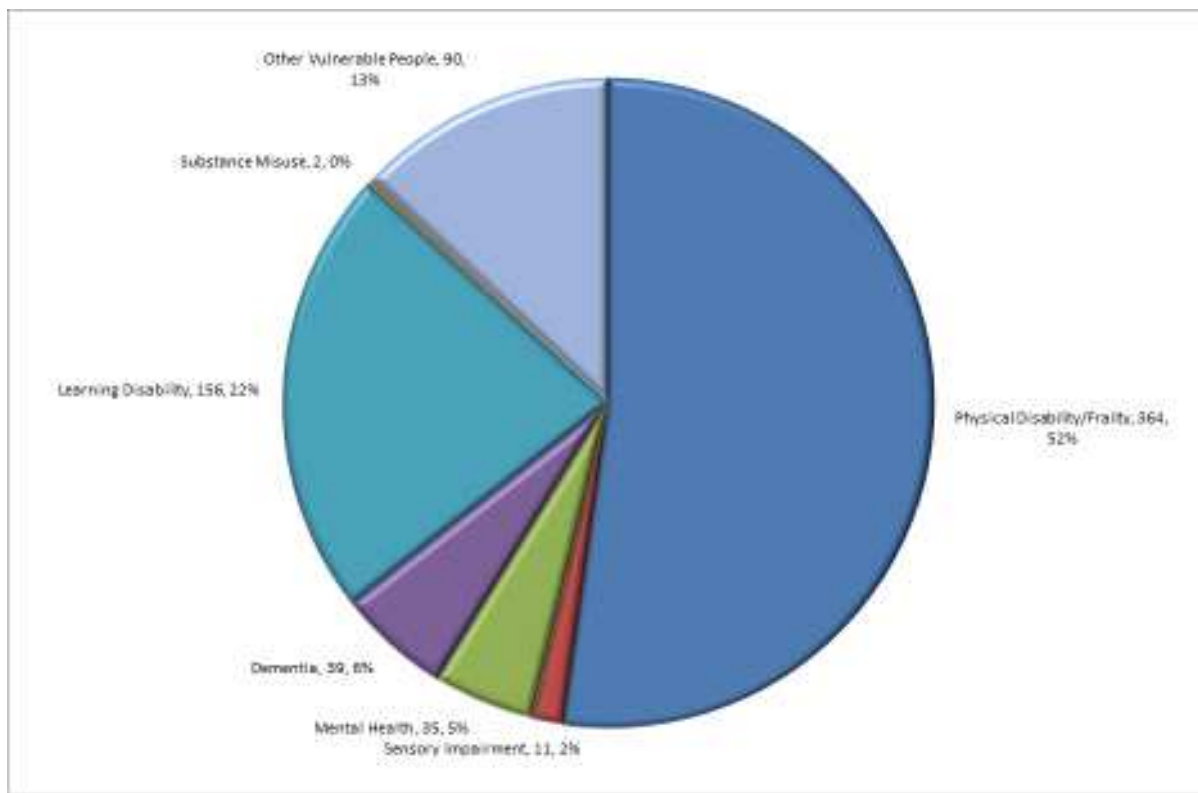ssification. However, the SAR still classifies service users against a client group so for consistency the new classifications have been mapped back to client groups.

Type of alleged abuse

Table 3: Referrals closed by type of alleged abuse

Table WCC003	18-64	65-74	75-84	85-94	95+	Total
Physical	109	30	53	49	5	246
Sexual	36	3	8	5	1	53
Psychological/Emotional	72	20	31	27	5	155
Financial and Material	108	39	64	65	14	290
Neglect and Acts of Omission	35	16	33	31	5	120
Discriminatory	7	0	1	0	0	8
Institutional	7	2	3	5	1	18
Not Recorded	0	0	0	0	0	0
Total	374	110	193	182	31	890

A referral may involve more than one type of abuse.

Chart 6: Referrals closed by type of alleged abuse
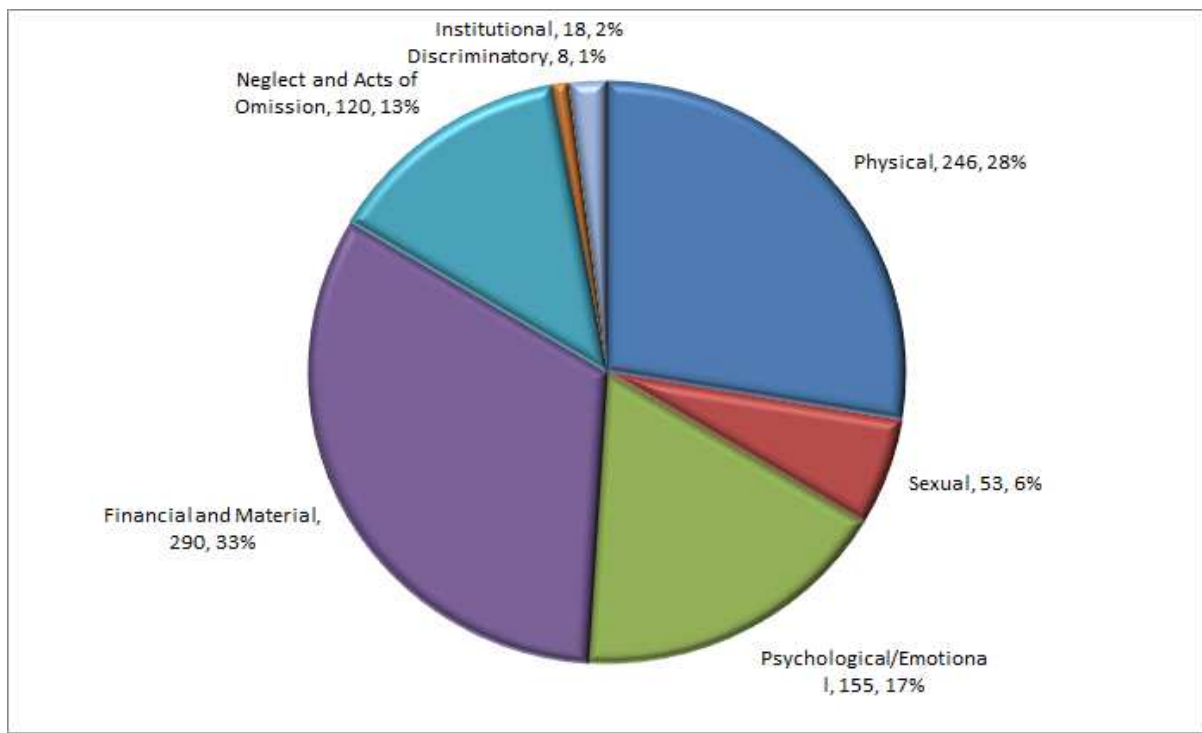
A referral may involve multiple types of alleged abuse so the above table does not represent the total number of referrals closed in the period, but shows the total number of referrals in which each type of abuse was alleged.

Source of referral

Graph 3: Referrals received by source

Referrals received by referral source

Table 4: Referrals received by source

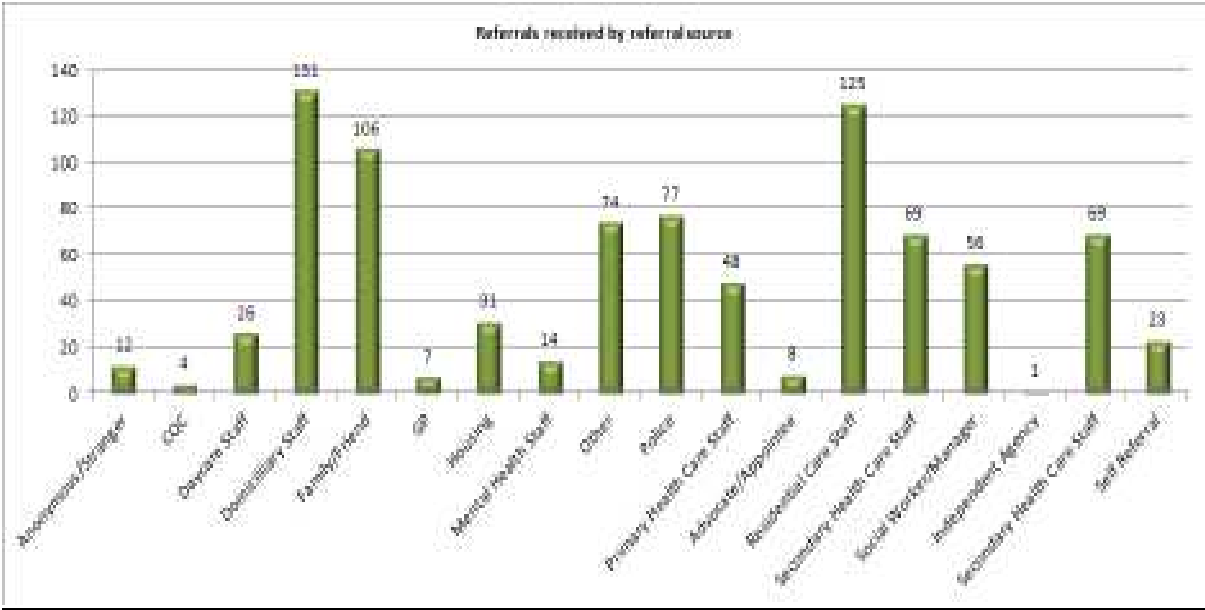| Table WCC001	18-64	65-74	75-84	85-94	95+	Total
Anonymous/Stranger	7	1	2	2	0	12
CQC	1	0	1	2	0	4
Daycare Staff	24	1	1	0	0	26
Domicilliary Staff	59	14	21	33	4	131
Family/Friend	19	16	33	35	3	106
GP	1	3	1	1	1	7
Housing	15	5	6	5	0	31
Mental Health Staff	9	1	2	2	0	14
Other	50	6	8	6	4	74
Police	40	9	11	13	4	77
Primary Health Care Staff	18	7	14	7	2	48
Advocate/Appointee	3	1	2	2	0	8
Residential Care Staff	37	12	36	33	7	125
Secondary Health Care Staff	30	6	9	20	4	69
Social Worker/Manager	21	4	19	8	4	56
Independent Agency	1	0	0	0	0	1
Secondary Health Care Staff	30	6	9	20	4	69
Self Referral	15	2	6	0	0	23
Total	380	94	181	189	37	881

Given that a referral can have multiple referral sources the totals are shown purely for context and will not match the total number of referrals received.

Location of Alleged Abuse

A referral may involve multiple locations, so the information provided below shows the total number of referrals where at each location, and will be higher than the total number of referrals received overall.

Chart 7: Location of alleged abuse

Table 5: Location of alleged abuse

Table WCC004	18-64	65-74	75-84	85-94	95+	Total
Care Home	45	13	52	54	12	176
Hospital	20	0	1	4	1	26
Own home	156	66	101	89	11	423
Service within community	26	3	6	2	1	38
Other	69	10	11	14	3	107
Not Recorded	0	0	0	0	0	0
Total	316	92	171	163	28	770

Graph 4: Alleged Source of Risk

Referrals closed Alleged Source Of Risk

Source of Risk	Count
Unknown Individual	68
Member of the Public	1
Primary Health Care Staff	5
Individual - Known, Not Related	183
Relative/Family Carer	203
Neighbour / Friend	6
Family Member	28
Informal Carer	1
Private Sector Worker	9
Public Sector Worker	3
Other Vulnerable Adult	3
Partner	8
Commissioned Social Care/Support Service Provider	202
Secondary Health Care Staff	11
Care Home Staff	4
Care Management/Assessment Staff	5
Voluntary Service Provider	7
Domiciliary Care Staff	4

The new safeguarding return only differentiates the alleged source of risk (now known as 'source of risk') by three categories (social care staff, known, unknown) so it is difficult to break these criteria down into more specific sources of risk in some cases. Graph 4 shows that these three new categories, as well as the old 'Relative/Family Carer' classification provide the vast majority of alleged sources of risk, with very few referrals remaining on the other old, more specific classifications.

Conclusion and Outcome of Referrals

Chart 8: Outcome of referrals closed
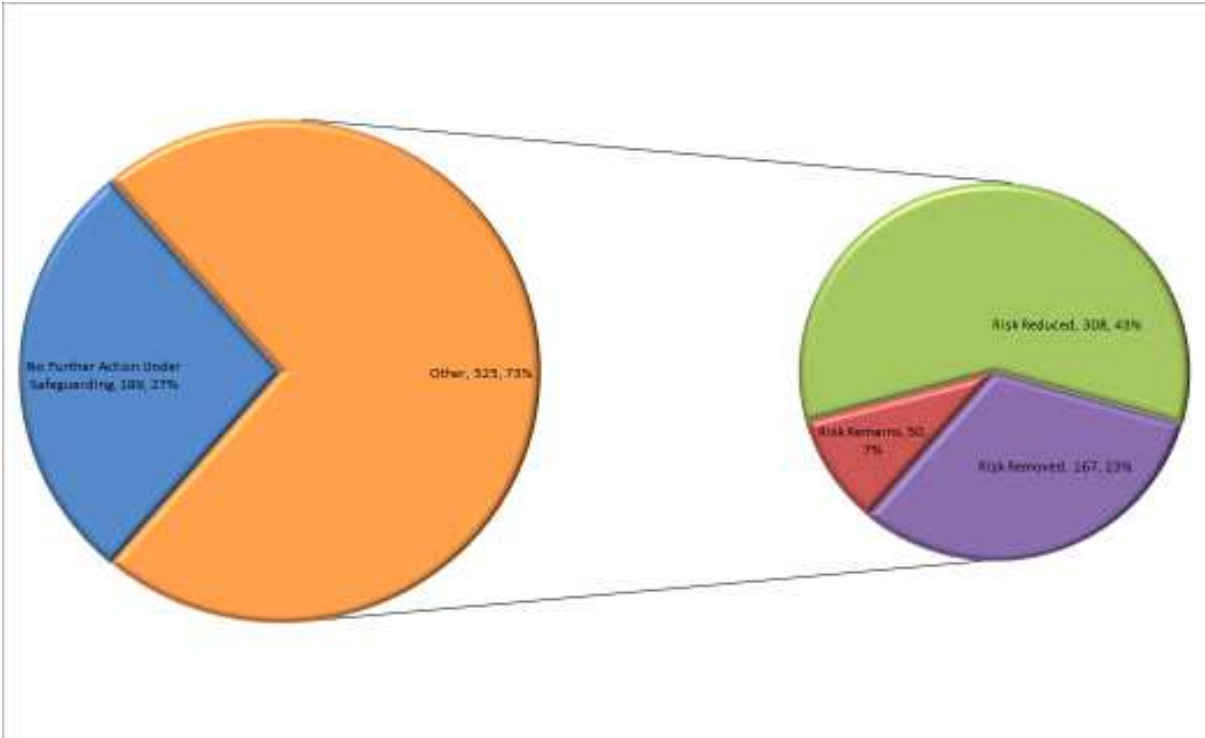
Table 6: Outcome of referrals closed

Table WCC005	18-64	65-74	75-84	85-94	95+	Total
No Further Action Under Safeguarding	73	25	49	43	9	199
Where 'Action Under Safeguarding':						
Risk Remains	19	8	14	9	0	50
Risk Reduced	130	44	61	61	12	308
Risk Removed	69	10	40	42	6	167
Not Recorded	0	0	0	0	0	0

Table 7: Conclusion of referrals closed

Table WCC006	18-64	65-74	75-84	85-94	95+	Total
Substantiated - Fully	79	26	40	38	5	188
Substantiated - Partly	55	22	24	32	3	136
Inconclusive	31	13	24	25	2	95
Not substantiated	119	20	72	58	17	286
Inappropriate Referral	7	6	4	2	0	19
Not Recorded	0	0	0	0	0	0
Investigation Ceased at Individual's Request	0	0	0	0	0	0
Total	291	87	164	155	27	724

Graph 5: Safeguarding referrals by conclusion
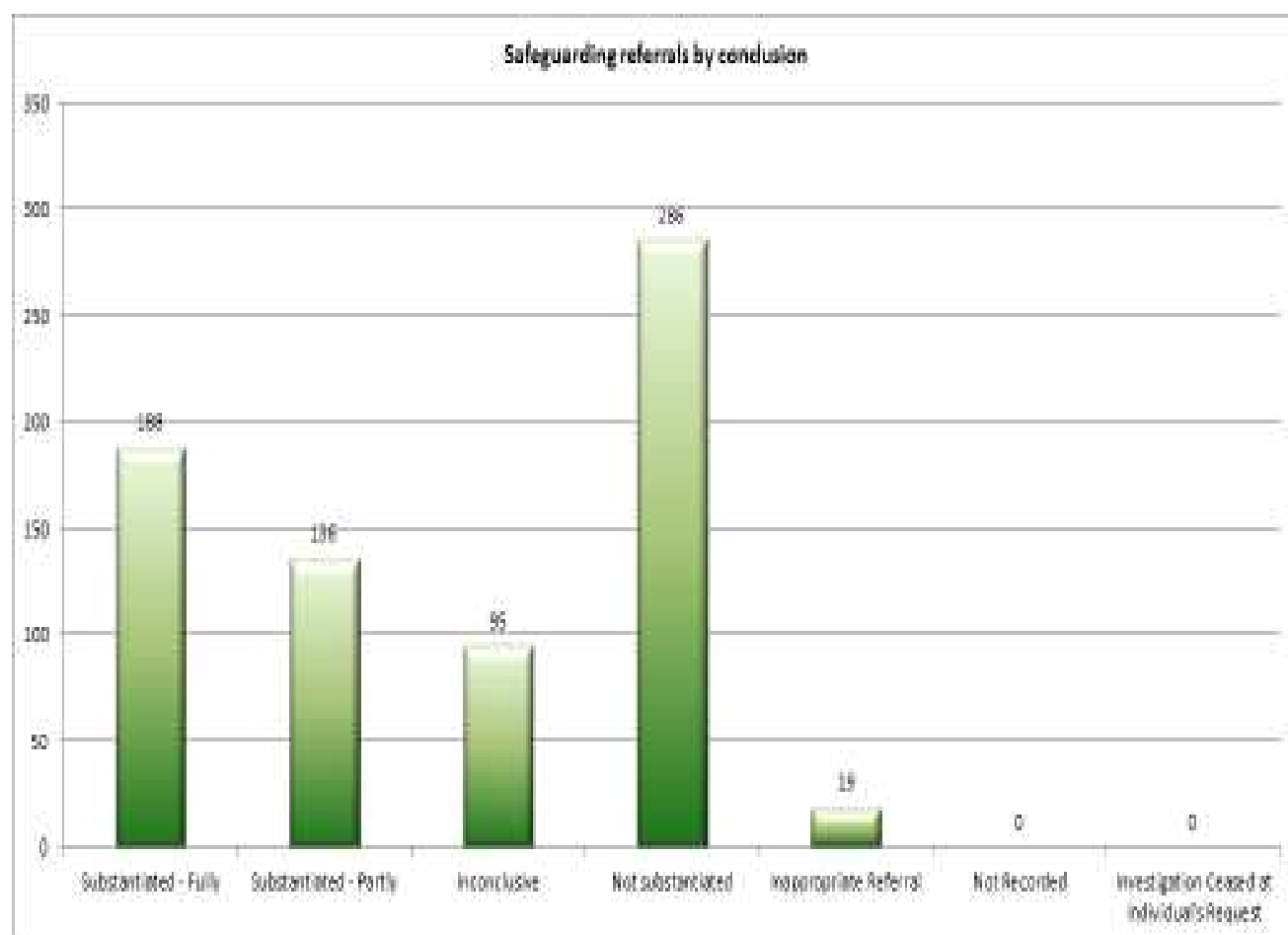
Appendix 2.

Sub-committee Annual Reports

Performance, Monitoring and Evaluation Sub Committee

Strategic Objective:

To ensure that the Safeguarding Board has in place sound mechanisms for monitoring, evaluating and auditing safeguarding activity by partner agencies, and ensuring that improvements are made to deliver better outcomes for vulnerable adults.

Terms of Reference:

To develop and manage the performance management function of WSAB.
To conduct interagency audit activities which promote this function.
To coordinate the production of the WSAB Annual Report
To manage the WSAB dataset.
To ensure that the budget is established and its expenditure reported to WSAB at regular intervals.

The sub-committee has overseen the undertaking of the assurance process with agencies in their discharge of safeguarding adults responsibilities. This was a new process for the Board and the key learning is currently being identified and will be reported to WSAB.
Another key activity is the development of the dataset for the Board which provides data on key aspects of adult safeguarding. Due to changes made by the Department of Health, the data is now based upon the Safeguarding Adults return and is based upon a composite of data held by Warwickshire County Council and Coventry and Warwickshire Partnership Trust in accordance with the section 75 arrangements. The dataset is presented at each Board meeting and provides an opportunity for scrutiny of safeguarding activity.
The Performance Monitoring and Evaluation Sub-committee also lead the independent review of the progress of the action plan following the serious case review into the death of Gemma Hayter. This provided scrutiny of the implementation of the action plan and provided assurance to the Board that actions had been completed.
The sub-committee has developed the budget process in order to support the effective functioning of the Board, including management of the board, inter-agency training and development activities . This involved detailed work in researching the arrangements that exist for other Safeguarding Adults Boards, regionally and nationally and devising a process to support the proportionate contribution from member agencies.
During 2014-15, the sub-committee will take a stronger focus upon multi-agency audits in order to provide assurance about specific areas of activity, identified by the Board and in accordance with the requirements of the Care Act 2014.

In summary, the sub-committee has broadened its focus to provide improved evaluation of the effectiveness of the Board in ensuring that agencies are

appropriately safeguarding adults. Going forward, an increased focus upon multi-agency audit activity during 2014-15 will strengthen the Board's role.

WSAB Performance Monitoring and Evaluation Workplan –April 2014

Objectives	Measurable Objectives	Action Plan	Person Responsible	Progress	Completion Date
Key Task 1: Produce the 2014 Annual Report of WSAB	Annual Report for 2014 produced.	§ Annual Report compiled including an assessment of the effectiveness of local safeguarding arrangements § Report presented to WSAB for approval.	WSAB Development Manager assisted as appropriate by members of the subcommittee and members of WSAB.	Sub-Committee considered the format of the report and data. WSAB need to consider a review of the Business Plan objectives	October 2014
Key Task 2: Complete new multi-agency audit of compliance of safeguarding adults.	"Section 11" audit completed and findings shared with WSAB.	§ Template developed and circulated to partner agencies for completion. § Findings collated and reported to Board. § Appropriate action plans developed and implemented. § Voluntary and Independent Sectors incorporated into the exercise.	WSAB Development Manager and partner agencies	Further email sent to agencies who have not yet responded to encourage completion.	July 2014
Key Task 3: Develop and maintain a budgetary position for WSAB	Further exploration of the Board's financial position and proposals tabled.	§ Funding proposals to be brought to the Board for approval. § Continue to develop a strategy for the long term financial stability of WSAB. § Review immediate position on	Chair of Subcommittee and Development Manager	Email sent to WSAB members to confirm budget and proposed expenditure	Completed..

Objectives	Measurable Objectives	Action Plan	Person Responsible	Progress	Completion Date
		close of financial year 2014-2015.			
Key Task 4: Develop a dataset for WSAB which provides a measure of the activity and effectiveness of the safeguarding arrangements.	§ Development of an agreed dataset.	§ Dataset to be formulated and to be presented to Board for approval. § Dataset to be reported to each meeting of WSAB. § Dataset to be included in Annual Report	Chair and members of Sub-committee	Dataset established whish shows combined WCC and CWPT data	New Safeguarding Adults dataset to be presented to WSAB in April 2014
Key Task 5: Undertake multi-agency audit activity on areas identified by WSAB	§ Outcomes from audits undertaken	§ To present the findings of the audit undertaken re section 75 arrangements § To share the key issues with WSAB as appropriate.	Sub-committee	To be considered at next sub-committee meeting	Completed.
Key Task 6: To undertake an independent review of the progress of the action plan following the serious case review into the death of Gemma Hayter.	§ Completion of the review.	§ Review undertaken which examines each of the areas identified for improvement from the SCR § Report on outcome to WSAB	Chair of sub-committee to be responsible for identifying independent person to chair the review	Review completed and press statement issued.	Completed
Key task 7: Consideration of process for defining a SUI	§ Clear understanding of the definition of a SUI	§ Consideration by sub-committee	Chair of Sub-committee	Meeting confirmed that a SUI is undertaken within NHS settings and is based on DoH guidance 2012.Safeguarding issues are dealt with separately.	WSAB meeting of April 2014
Key task 8: Consideration of a SAB risk management process	§ Response brought to the Board	§ Scoping with other SABs	WSAB Development Manager	Initial discussion held at sub-committee and will be further considered at next meeting following scoping with other SABs	To be brought to WSAB meeting of July 2014

Systems, Policy and Guidelines Sub-committee Report

Terms of reference

Purpose :

This subcommittee is responsible to the WSAB for the discharge of its remit on the development, delivery, oversight and review of multi and single agency policies, protocols and procedures for the protection of vulnerable adults in Warwickshire.

Remit :

- Further develop interagency procedures consistent with principles of alert, referral, decision making, safeguarding strategy, assessment, planning, review, recording and monitoring as and when needed, in line with national guidance, legislation and local best practice.
- Disseminate information on policy, procedures and best practice
- Provide advice to the WSAB as requested on issues pertaining to systems, policy and procedures

Review of last 12 months

This sub-committee spent much of the last 12 months reviewing and dealing with the issue of the Pan West Midlands Policy and Procedures. Initially it seemed that all the local policies and procedures would need to be rewritten to take account of the direction of the Pan West Midlands Policy and the various procedures which seemed to be developed as a result. However, through the year it became clear that the governance and reporting arrangements of that group were unclear, so therefore the authority of those policies and procedures was also unclear.   It also became increasingly evident as the Care Bill debate continued as the Care Act 2014 was developed, that the Pan West Midlands Policy and Procedures were not in keeping with either the spirit or the letter of the legislation pending, and were becoming increasingly out of date.

Warwickshire Safeguarding Adults Board was apprised of this at the meeting in July 2014, and the Board decided that the current Warwickshire approach was fit for purpose but would need reviewing and rewriting when the statutory and practice guidance for the Act were promulgated. Warwickshire took the opportunity to influence both guidance documents with direct representation in the DH task and finish groups.

As a result of continuing the dialogue with West Midlands colleagues, it was agreed that the Pan West Midlands Policy and Procedures required a complete re-write and Warwickshire will be participating fully in this piece of work with The Network.

Looking forward :

As the statutory and practice guidance emerges from the Care Act this sub-committee will need to commission and agree the rewritten local policy and procedures for WCC. WSAB will need to consider how to progress the work for the inter-agency policies and procedures for the Board to sign off. Consideration of a short life multi-agency task and finish group is being recommended to the SAB

Health Sub Committee Annual Report

<u>**Introduction**</u>

The Health sub-committee was re-constituted early in 2013/14 to reflect changes in the commissioning architecture of the NHS England, specifically, the demise of primary care trusts and the introduction of clinical commissioning groups and NHS England.
The Health sub-committee is chaired by Alison Walshe, Director of Quality and Performance at NHS South Warwickshire Clinical Commissioning group. Its strategic objective is to deliver, in an appropriate and timely manner, the safeguarding adults agenda across the Warwickshire Health Economy, ensuring that all training, audit and specific work around safeguarding is facilitated, implemented, monitored, evaluated and integrated in the on-going work of all health professionals.

<u>**Terms of reference:**</u>

- Ensure that safeguarding information and developments are shared and disseminated across the health economy, and between the Safeguarding Adults Board and Health sub-committee;
- Receive, consider and implement national guidance as appropriate, and in conjunction with the Procedures and Guidelines sub-committee, develop procedures, guidance and protocols for health staff across the health economy;
- Ensure that safeguarding adults training for health professionals is available regularly for all staff, and reports are available to the Health and Training sub-committees;
- Ensure that a programme of work is developed, implemented and evaluated and reported on to appropriate provider and commissioner committees;
- Receive assurance from individual organisations in respect of progressing the agreed programme of work;
- Undertaken and facilitate safeguarding work as required by the WASB e.g. recommendations from Serious Case Reviews.

<u>**Membership**</u>

Representatives of a range of organisations:

- Coventry and Rugby CCG (Designated Nurse Safeguarding and Executive Nurse)
- South Warwickshire CCG
- Warwickshire North CCG
- George Eliot Hospital Trust
- South Warwickshire Foundation Trust
- University Hospitals Coventry and Warwickshire Trust
- Coventry and Warwickshire Partnership Trust
- NHS England Area Team
- West Midlands Ambulance Service
- Nuffield Health hospitals
- Mary Ann Evans Hospice
- Shakespeare Hospice
- Myton Hospice
- Warwickshire County Council (Deprivation of Liberty Safeguards, and Safeguarding Development Manager)

2013/14 Work Plan

The 2013/14 work plan was delivered as follows:

Key Tasks	Measurable Objectives	Action Plan	Person Responsible	Completion Date
Zero tolerance on avoidable pressure ulcers in all sectors	Sustained reduction in avoidable pressure ulcers between 1.4.13 and 31.3.14	Provider organisations to keep up the momentum of the ambition to eliminate avoidable pressure ulcers	All	Ongoing
		Ensure robust programme of reporting multiple level 3 and 4 pressure ulcers via SI processes	All	Ongoing – report produced for 2013/14
		Deliver education programmes into care homes – prevention and treatment and SI reporting	All	March 2014 – support into care homes from Care Home support team
		Develop a programme of work to ensure systematic and timely reporting of Serious Incidents in Care Homes	CCGs/Arden CSU	Training undertaken. Care homes supported to report SIs.

		Agree tools to enable consistency of risk assessments across providers and consistency of grading	CCGs and providers	Unable to dictate tools to providers.
Ensure the multi-agency training programme effectively meets the needs of different healthcare organisations and takes account of the evolving Care Bill throughout the delivery of the 3 year training strategy	All Health Organisation staff are adequately trained in safeguarding	Each organisation to contribute to the development of the training programme through the completion of organisational needs template within appropriate timescales (as requested by Workforce Development Group) Each organisation to capture feedback from staff on the effectiveness of the training programme Each organisation to produce a formal report giving feedback on the quality and effectiveness of training received on safeguarding	All	Tracy Redgate and providers linked in. Awaiting new training programme from the Workforce Development Group. February 2014 - outstanding March 2014 - outstanding
Review systems and processes for the management of serious and safeguarding incidents, ensuring effective and timely actions	CCG Quality Reports accurately reflect safeguarding incidents and the actions that have been taken to address these and prevent future similar incidents	Commissioners to clarify definitions – serious incidents and safeguarding for local use. CCGs to clarify process of categorising safeguarding incidents from SIs incidents. Commissioners to review (as part of quality management systems) incident reporting processes within providers.	CCGs CCGs CCGs	Completed – report sent to WSAB in January 2014.
Develop a	CCG Quality Reports	CSU to produce clear	CCGs/CSU	Completed.

		action plan, including training, for care homes to ensure they understand their responsibilities to commissioners of reporting serious incidents		
programme of work to ensure systematic and timely reporting of serious incidents in care homes	reflect, on a timely basis, safeguarding incidents and the actions that have been taken to address these and prevent future similar incidents			
		CSU to produce timely SI reports covering care home incidents in detail	CSU	To commence in 2014/15.

2014/15 Work Plan

The 2014/15 work plan was agreed by the sub-committee at its meeting on 6th June 2014. It builds on the work plan of 2013/14, where on-going activity is required, but also identifies a number of new areas for focus during 2014/15, specifically:

	Key Tasks	Measurable Objectives	Action Plan	Person Responsible	Completion Date
1	Self-Assessment Framework	All commissioners and providers to have self-assessed against the national self-assessment framework and developed action plans to address any gaps	CCGs and Providers to complete the national self-assessment framework	CCGs Providers	tbc
2	Zero tolerance on avoidable pressure ulcers in all sectors	Sustained reduction in avoidable pressure ulcers during 2014/15	Continue focus within providers through 6-monthly review of pressure ulcers	All	On-going Initial review in autumn 2014
3	Training	Ensure the provision of appropriate and accessible safeguarding training for all healthcare professionals	Monitor safeguarding training rates through contract quality dashboards with NHS providers. NHSE to monitor safeguarding training for primary care contractors.	CCGs NHSE	Quarterly report – first report in autumn 2014
4	Quality Monitoring in Care Homes	Develop and confirm approach to care home quality	CCGs to develop in collaboration with WCC.	CCGs	Autumn 2014

		improvement between Health and Social Care			
5	Care Act	Identify specific requirements of Health in response to the new Care Act to be addressed from 2015 onwards	Presentation on content of Care Act to identify any Health specific requirements Action plan to address any Health specific requirements	Stephen James	Autumn 2014
6	PREVENT	Ensure appropriate Health response to addressing the requirements of the PREVENT agenda	CCGs to identify training lead for PREVENT agenda (Healthwrap 3) and ensure all staff are trained by the end of 2014/15	Tracey Redgate	Autumn 2014
7	Deprivation of Liberty Safeguards (DOLS) and Mental Capacity Act (MCA)	Ensure appropriate provider adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards, including access to DOLS assessors, when required	Review content of NHS standard contract. Discuss with CQC how compliance is measured during visits	Tracey Redgate	Autumn 2014
8	West Midlands Policy Re-write	Contribute to the re-write of the West Midlands Policy for Adult Safeguarding	Health representative to be identified and to contribute to the WM policy re-write	tbc	tbc
9.	Implement agreed recommendations from Domestic Homicide Reviews	Agreed recommendations are implemented	CCGs to monitor implementation of DHR recommendations through their Clinical Governance committees NHSE to monitor implementation of DHR recommendations in primary care. CCGs to monitor provider implementation of DHR	CCGs NHSE CCGs/providers	On-going

			recommendations through Clinical Quality Review meetings		

Training/Workforce Development

Health professionals have contributed to the Education and Development sub-group in order to ensure that Adults Safeguarding training meets the needs of the range of NHS provider and commissioning staff. Training uptake rates within NHS provider organisations are monitored through Clinical Quality Review meetings on an on-going basis. As at the end of March training uptake rates at the four main NHS providers covering Warwickshire were as follows:

Provider	Percentage Uptake of Adults Safeguarding training
George Eliot Hospital NHS Trust	97%
University Hospitals Coventry and Warwickshire NHS Trust	79%
South Warwickshire NHS Foundation Trust	90%
Coventry and Warwickshire Partnership Trust	88%

NHS England took over responsibility for safeguarding training for primary care contractors (General Practitioners, Dentists, Optometrists and Pharmacists) in 2013/14 from predecessor CCGs. Training uptake rates are available for GP practices only at the current time, as detailed below:

General Practitioners	SWCCG 31 practices out of 36 WNCCG 22 practices out of 28 Rugby 12 practices out of 12
Dentists	Data not available
Optometrists	Data not available
Pharmacists	Data not available

Summary

- The Health sub-committee was successfully re-established in 2013/14 following changes in the commissioning architecture of the NHS in England.
- The 2013/14 work plan was delivered, with high priority areas carrying forward into 2014/15.
- The 2014/15 work plan has been agreed. New areas of focus include: understanding the implications of the Care Act; the PREVENT agenda; Deprivation of Liberty Safeguards (DOLS) and Mental Capacity Act (MCA).
- The group will continue to meet on a bi-monthly basis to progress the work.

Strategy, Communication and Information Sub Committee

The Sub Committee has spent time reviewing its Terms of Reference and subsequently are seeking to reflect upon and apply focus to three areas where real value can be added by its work. The three areas identified are:

Communications Strategy
Seeking to make sure that the WSAB is well equipped to ensure that its vitally important message about the Board's role in seeking to protect vulnerable adults from abuse and neglect, and ensure that their safety and well-being is assured and promoted. The draft strategy sets out objectives around communications including enhancement of a 'web presence' and also seeks to align to the communications strategy of the Children's Safeguarding Board. This will be progressed in line with the Guidance on the Care Act.

Prevention Strategy
The Sub-Committee undertook some initial work on setting out a draft Prevention Strategy which will seek to reduce the potential for harm. Further work will be undertaken particularly to reflect the increasing role of the Safeguarding Board as reflected in the Care Act 2014 and the resourcing of prevention activity. This work will be taken forward by a task and finish group of the main Board.

Vulnerable Adults Conferences
Again initial work has been undertaken as to what and how Vulnerable Adults Conferences may 'look like' within Warwickshire. This work continues and will need to dove-tail with the work around a Warwickshire MASH.

Workforce Development Sub Committee

Safeguarding Adults Workforce Development Sub-Committee (formerly the Training Sub-Committee)

<u>Introduction</u>

The Warwickshire Safeguarding Adults Board (WSAB) Workforce Development Sub Committee is a multi-agency sub-group responsible for planning, implementing and evaluating the learning and developmental needs of health staff, social care staff and staff in other sectors who work with vulnerable adults. The subgroup is steered by and reports to the Warwickshire WSAB.

There have been a number of changes during the past twelve months within the Workforce Development Sub-Committee. These came about with the change of the Chair and change in the arrangements to service and support the group, providing a timely opportunity to:

- change of name to reflect the remit of the group
- reconvene and revitalise the group
- review and refresh the documentation, including the Interagency Learning and Development Strategy.

Some of the key activities, identified by the Sub-Committee such as the revision of the Interagency Learning and Development Strategy are not yet complete. Once they are they will impact on other documentation for example the Terms of Reference which will then be amended to reflect this. This update to the Annual Report endeavours to reflect this without confusion.

Terms of Reference - (to be revised as part of the future Action Plan)

Prior to revision the current Terms of Reference reflect the following:

That the sub committee shall operate within the guiding principles and in accordance with the definitions laid out in "No Secrets" Department of Health and Home Office- issued under Section 7 Guidance, Local Authority Social Services Act 1970)

Multi Agency Learning and Development

One of the key aims of the sub-group is to promote multiagency training. The tables below indicate the training completed by agency that has been commissioned by Warwickshire County Council for the 13/14 financial year.

Agency	Safeguarding Adults Level One Awareness Training	Safeguarding Adults Level Two Policy & Procedures	Safeguarding Adults Level Three Managing Services	MCA/DOLs Awareness
WCC People Group Social Care & Support	99	207	33	144
WCC People Group Strategic Commissioning	3	3	N/a	1
WCC People Group Safeguarding	2	4	N/a	2
WCC People Group Complex needs Service	70			
WCC Resources Group Customer Service Centre	6	7	N/a	3
WCC Resources Group Other	2	1	N/a	N/a
WCC Early Help Reablement Service	161	42		15
WCC Communities Group	13		N/a	N/a
WCC Schools	1	2	N/a	N/a
Coventry and Warwickshire Partnership Trust		6	2	5
Private, Voluntary and Independent Sector Agencies	68	23	5 N/a	17
Rugby Borough	42		N/a	N/a

Council					
Stratford District Council	**10**	**2**	**N/a**	**N/a**	
Nuneaton & Bedworth Borough Council		**14**	**N/a**	**N/a**	
North Warwickshire Borough Council	**16**		**N/a**	**N/a**	

Activity

The action plan below identifies the key activities of the Workforce Development Sub-Committee and the current status. There has been some slippage due to sickness absence, and a poor response to data gathering identified the need for the matrix of roles and responsibilities to be reviewed and in doing so impacted on the Strategy and our approach as a whole.

Action Plan 2013-2014

Activity	Update	RO	Date raised	Date complete	
Update from WASB re Pan West Midlands	This statement is being reviewed and will be clarified by the Adult Safeguarding Board. To inform the Sub-group of future activities	RF	Mar-13	Jul-13	Complete
TOR to be reviewed by this group	Addendum written detailing agreed amendments (shown in red)	CL	Sep-13	Sep-13	Complete
Warwickshire Police to align with West Mercia	RF arranging a meeting to discuss police training across the two aligned forces, Nigel Jones to replace Gill Naylor from October as Warwickshire Police Operations Lead for Safeguarding Adults The Police to join the meeting on 8th July 2014	RF	Mar-14	Jul-14	Complete
Full representation of the Sub-group by partner agencies to be pursued	WREP and Police have defined representation	RF, LG	Oct-13	Jul-14	Complete
Warwickshire Inter Agency Safeguarding Vulnerable Adults Learning and Development Strategy to be	A statement will be produced to outline the levels of training being delivered, based on data supplied by the group. 09.04.2014 A different approach to the strategy in order for it to be more	ALL, LG	May-14	Sept-14	AMBER

reviewed	simplistic and less prescriptive was agreed. Will be written as a vision with context that agencies can sign up to. The principles and ambitions will be set out.				
Matrix listing all roles and responsibilities, within the Strategy to be reviewed.	The current strategy identifies 5 levels of Safeguarding Adults programmes. This is being reviewed in relation to the current levels organisations are delivering to.	ALL, LG	May-14		AMBER
Collation of data from across agencies showing the Safeguarding Adults programmes delivered, to what level and to which roles.	This activity highlighted the fact that the current strategy needs to be reviewed to be less prescriptive,	ALL, LG	Oct-13		AMBER
Adult Safeguarding L & OD Resources to be identified Task and finish group to be set up.	Draft of Safeguarding Adults Workbook to be revisited. A workbook needs to be manager led, and have a completion recording system **09.04.14** Safeguarding Adults eLearning to be identified. Existing modules available to be circulated to the group Evaluation of impact on practice to be sought re: Bournemouth Uni module. A meeting was planned but had to be cancelled. This information is being collated virtually	SJ, KW, RF, RC, EW, AC, LG	Apr-14		AMBER
L & D Strategy Equality Impact Assessment to be created	Guidance received from Minakshee Patel, Equality & Diversity Team Leader (Acting). A new EIA is being written by LG, RF	RF, LG	Nov-13		RED

Updates from Partners

Coventry and Warwickshire Partnership Trust
Coventry and Warwickshire Partnership NHS Trust have a safeguarding training needs analysis and training trajectory which incorporates a 3 year training programme for both children and adults. The training programmes consist of; Corporate Induction training, Level 1, Level 2 and Level 3 training . The Trust safeguarding training programme complements the Local Safeguarding Boards competencies and incorporates the competences identified in the Bournemouth Health Intercollegiate safeguarding training for adults and safeguarding children health intercollegiate training programme (2014). At level 3 the Trust deliver domestic abuse training, asking the question about abuse and link group training to both their health colleagues and social care staff.

District and Borough Councils
The District and Borough Councils in Warwickshire are committed to training, developing and informing their staff to understand how to act and meet our responsibilities in ensuring all adults are properly safeguarded within Warwickshire. This includes ensuring that each Council maintains a fit for purpose training plan which support the aims of the Learning and Development Inter Agency Strategy and that we routinely audit requirements of our staff. Learning and development needs are met through engagement with interagency training, awareness raising in team meetings and at induction and through coaching and guidance. Each District has committed funding to support the delivery of the Learning and Development Strategy.

South Warwickshire Foundation Trust
Safeguarding Adults training continues to be mandatory for all staff. This is delivered in house on our clinical Mandatory training day, induction of junior medical staff and student nurses. Two E-Learning packages were developed and launched this year. One for all non-clinical staff and one as an alternative for clinical staff. All of our training was updated at the start of the year to include the NMC's campaign on safeguarding adults. We review our training annually and this year our training will include Warwickshire Safeguarding Adults Boards Strategy on Violence against Women and Children and learning from recent Domestic Homicide Reviews.

We are proud of the achievements we have made in training our staff in safeguarding adults with this year seeing 100% of clinical staff attending safeguarding training and 90% of non-clinical staff

Warwickshire Adult Services

Warwickshire County Council Social Care and Support Services have been ensuring that all staff within the Business Unit receive the required mandatory training. They have introduced a data monitoring system and reporting requirement which ensures Senior Managers are kept regularly updated as to the current levels of training compliance within the Service.

They have reviewed the refresher requirements for training within Safeguarding Adults and have introduced a new competency check form that managers can use to check their staff knowledge in the area and then select the appropriate path for refresher learning. The suite of Adult Safeguarding programmes are all being revised in readiness for the Care Bill.

A Prevent eLearning Module has been developed in collaboration with the Warwickshire and West Mercia Police, and the providers of WILMa, Learning Pool and has recently been launched across Warwickshire

Warwickshire Probation Trust

In Probation, during 2013/14, we built on previous General Awareness and Mental Capacity Training in 2012/13. Our recent focus has been Disability Hate Crime with events in Feb 2014 utilising Brendan McGovern from the Police and Minakshee Patel from the County Council Equality and Diversity Team as trainers. Practitioners heard about local Police initiatives re tackling hate crime as well as developing specific understanding about Disability Hate Crime and considering appropriate skills/intervention with such cases. Use of a DVD case study helped promote interactive learning at this event.

Warwickshire Police and West Mercia Police

West Mercia and Warwickshire Police deliver training to new staff which includes frontline officers, PCSO's and Special Constables in relation to public protection matters. Part of the training relates to vulnerable adults and multi-agency practices, safeguarding, mental health and investigative strategies.
We also deliver the same public protection training to CID investigative staff across the Alliance when they are new to role. As an organisation we are in the process of deciding how to best capture all existing staff for this awareness training.

The College of Policing are in the realms of writing an online training package specifically pertaining to vulnerable adults which may enable us to achieve the above requirements for the pool of existing staff.

We also deliver 5 day interview training to staff who would be required to interview formally a victim or witness who is a vulnerable adult.

Key Activity for the Workforce Development Sub-group 2014-15

The Sub-group will continue to work on the tasks set out in the current Action Plan and it is our ambition that the Interagency Learning and Development Strategy will be signed off by the Board in Sept 2014.

Looking to the future the overarching vision of the Workforce Development Sub-group, identified in the Care Act – Care and Support Statutory Guidance (2014) is that:

"Vulnerable adults are safeguarded and protected from harm using a person centred approach, across all health and care settings by the knowledgeable, skilled, and capable workforce".

A further six key principles underpin all adult safeguarding learning and development activity that the WSAB Workforce Development Subgroup will commission as identified in the *Care*

Act - Care & Support Statutory Guidance (2014)

- **Empowerment –** Personalisation and the presumption of person-led decisions and informed consent.
- **Prevention** – It is better to take action before harm occurs.
- **Proportionality** – Proportionate and least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- **Accountability** – Accountability and transparency in delivering safeguarding.

Learning and Development provision will be delivered in line with the Safeguarding Adults Competency Framework 2010 and the Care Act/Bill 2014. The workforce has been categorised into 4 main groups and each group attributed with a set of associated competencies. .

Ongoing activities

- Develop our understanding of the implications of the Care Act
- Gather the Learning and Development data in accordance with an agreed data set
- Scope resources available across partners, quality assure and make accessible to others where possibly
- Identify opportunities for multi-agency development and where we can make efficiencies

Under the umbrella of Safeguarding some multi-professional learning and development provides supplementary, essential knowledge which can enhance skills and competence in adult safeguarding and include:

- The Mental Capacity Act and Deprivation of Liberty Safeguards
- Domestic Abuse
- The DASH Assessment/MARAC awareness
- PREVENT
- Safer Places

The Sub-group have extended the standard agenda to incorporate these themes whereby providing an opportunity to exchange information and update the group.

District Councils Sub Committee

Introduction

The Districts Sub-Committee has been established for nearly two years and now meets around six times a year. The focus of the group's work has been to encourage a clear line of communication between District and Borough Councils and the Warwickshire Safeguarding Adults Board (WSAB), develop and deliver an Action Plan that builds awareness of the Safeguarding Adults' agenda, embeds this at District and Borough level and communicates the views of Districts and Boroughs on safeguarding issues to the WSAB.

The group is also represented at the Training and Chair's sub-groups.

Terms of Reference

Strategic objective:

"To ensure the safeguarding adult agenda is fully embedded in district and borough councils across Warwickshire."

Terms of reference:

To ensure proper channels of engagement and communication exist between the subcommittee, the full Safeguarding Board and its other subcommittees, capable of promoting a shared approach when this is required;
To ensure that district councils meet their responsibilities in ensuring all adults are properly safeguarded within Warwickshire;
To raise awareness in partner agencies of the contribution that district councils make to safeguarding adults and promoting their welfare;
To establish a shared understanding of safeguarding issues in district councils, and develop common approaches across the five district councils towards discharging their responsibilities;
To disseminate good practice and ensure that sound and up-to-date safeguarding policies and procedures are in place in each council;
To assist all service divisions in district councils in linking in with other agencies and services as appropriate.

District Council Sub-Committee: Action Plan 2013/14

The members of the Sub-Committee have been working to deliver the Action Plan for the 2013/14 period. Of the twenty two distinct actions, fourteen have been completed by all five Districts and Boroughs, five partially completed and three remained uncompleted at the end of the Action Plan period.

Incomplete actions that remain relevant have been carried forward to the new District Council Sub Committee: Action Plan 2014/15.

Principal Achievements 2013/14

Throughout 2013/14 the group has focussed on several topics of particular relevance to Districts and Boroughs. These include the ongoing discussions around the Multi-Agency Safeguarding Hub (MASH) proposals, the development of a consistent pathway into the Adult Safeguarding alert/referral arrangements and an increased understanding of the contribution Districts and Boroughs can make. Significant achievements include the rollout of training on adult safeguarding, S.11 Audit work, serious case review work, involvement in consultation on the shape of the MASH and development of safeguarding adults policies across all Districts and Boroughs.

Principal Aspirations 2014/15

The District Council Sub Committee: Action Plan 2014/15 is under development and includes work on the following priorities:

- Continued work to train relevant teams on the operation Protocol For Joint Risk Assessing and Sharing Information;
- Raised awareness of the importance of Safeguarding Adults amongst local Members, Senior Officers and Housing Association partners. This will include a review of all District and Borough Safeguarding Adults Policy Statements;
- Continued work to ensure relevant staff understand the importance of safeguarding and the widening of the award of the 'Safe Places' badge to District and Borough offices across the County.
- Make a contribution to the WSAB Prevention Strategy both in terms of the development of it and the activity of preventing abuse to vulnerable adults.

Summary

The sub-group has established itself and delivered the majority of its commitments in the District Council Sub Committee: Action Plan 2013/14. The group contributes to the wider development of safeguarding arrangements by regular attendance of the WSAB and sub-groups.

Future work will result in raised awareness of the importance of safeguarding adults through the 'Safe Places' initiative plus staff development tools and training programmes and improved outcomes locally through enhanced partnership working with colleagues across the sector.

Special Cases Sub Committee

Overview

- The majority of work associated with the Sub-Committee during the period, was associated with a major Serious Case Review. The Sub-Committee was responsible for co-ordinating the work associated with delivering the Gemma Hayter Serious Case Review recommendations and actions.
- The Gemma Hayter Serious Case Review was independently chaired and authored by Kathy McAteer, a senior social care consultant and former director of adult services. The Serious Case Review report was published on 14 November 2011 by the Safeguarding Adults Partnership Board. The Sub-Committee developed an implementation plan to address the recommendations. Work progressed through to completion and progress was reviewed by Interim Strategic Director of the People Group in the latter part of 2013. WSAB accepted the final SCR report and closure of the Serious Case Review process in January 2014. A statement was subsequently released in April 2014 which had been agreed by all agency representatives of the Safeguarding Board. This summarised the key improvements and changes delivered.
- This sub-committee does not meet regularly, unless there is work required as a result of a serious case review, or the development of associated policy or practice.
- There were no other Serious Case Reviews initiated in the year.

Work Plan for the Sub-Committee for 2014-15:

- The Terms of Reference and associated guidance relating to Special Cases will be reviewed and updated in the light of the developing national picture and the requirements of the Care Act 2014, with a view to implementation in April 2015 when the new Care Act responsibilities are to start.
- Where required, there would be a response to any further potential or actual Special Cases.

Terms of Reference for Special Cases Sub-Committee

Purpose

The Special Cases Sub Committee will discharge serious case review functions on behalf of the Warwickshire Safeguarding Adults Board.

Remit

- Define "serious cases" and further develop the serious case review protocol.

- Consider and determine the need for serious case reviews.

- Allocate responsibility for chairing and undertaking serious case reviews.

- Receive and consider reports on serious case reviews.

- Identify learning points from serious case reviews.

- Make arrangements to provide feedback and debriefing to staff, family members and media as appropriate.

- Ensure action is taken in response and clarify to whom the report [in whole or in part] should be made available with special reference to:

  - Any matters of concern affecting the safety and well-being of vulnerable adults in the area of the authority;

  - Any general public health, safety or well-being arising from the death of a vulnerable adult;

  - Any need to review policy, practice or procedures;

  - Dissemination to other local authorities;

  - Identification and integration of learning points from serious case reviews from other areas or research and best practice guidance.

  - Provide a copy of the overview report, action plan and individual management reports to the Care Quality Commission.

  - Maintain a forward plan of work, and set time aside each year to:

    - q   Review achievements
    - q   Assess effectiveness
    - q   Consider future requirements

Appendix 3.

Partnership Agency Reports

Coventry and Warwickshire Partnership Trust

During 2013-14 Coventry and Warwickshire Partnership NHS Trust sought to maintain, review and further develop the safeguarding practices and actives within the Trust to ensure the Safeguarding of Adults at Risk is **'everyone's business'** and thus remains a key priority within the Trust.

The Trust focused upon the completion of its Safeguarding Work Plan for 2013 - 2014, ensuring that the Trust continues to enhance its robust structure for Safeguarding, which includes representation at Warwickshire Safeguarding Adults Board and the Sub Committee's and safeguarding groups, enabling safeguarding to be integrated across all its services. The Trust Safeguarding Group leads safeguarding activities within the organisation and meets quarterly to review and monitor referral data, training data, and compliance with procedures. The Group routinely reports to the to the Trust Board through the Safety and Quality Committee and produces and submits a Safeguarding Annual report.

 Achievements regarding safeguarding adults:

Coventry and Warwickshire Partnership NHS Trust has completed its work plan for 2013 - 2014 and the deliverables are summarised below.
§   Reviewed and further developed the Trust bespoke electronic safeguarding alert and referral form for the Trust.
§   Completed Safeguarding training and developed safeguarding Competence learning logs,
§   Completed its annual audit plan
§   Reviewed and further developed a Safeguarding Adults booklet guidance for staff within the organisation,
§   Reviewed and further development Safeguarding Training to include Domestic Abuse Stalking and Harassment, (DASH), at level 2 safeguard training.
§   Achieved 87% of PREVENT Health WRAP training to Trust staff
§   Developed a New Safeguarding Link Group for operational staff,
§   Completed the relevant local safeguarding boards Section 11 audits,
§   Produced an Annual Safeguarding Newsletter
§   Reviewed and refreshed/amended the following Trust safeguarding polices;
    o   Safeguarding Adults Policy
    o   Safeguarding Children's Policy

- Section 75 Safeguarding Operational (for Coventry and Warwickshire Services)
- Sexual Safety in Inpatient Settings,
- Clinical Domestic Abuse Policy,
- Child Protection Supervision Policy,
- Missing Persons Policy.

What are the priorities going forward?

The 2014-15 work plan includes the following objectives

- Review and update Safeguarding Polices,

- Produce 2014 Annual Report to Board,

- To Comply with any recommendations and lessons learnt from Serious Case Reviews (SCR) and Domestic Homicide Reviews (DHR) pertinent to the Trust,

- To complete the relevant local safeguarding boards Section 11 audits,

- Complete the Trust audit plan for 2014 -2015

- Complete safeguarding training programme for 2014 -2015,

- Produce Safeguarding News Letter for 2014 -2015.

Service User experience:

The Trust service users have access to the following information sources pertaining to the safeguarding process and giving feedback

- Safeguarding Internet site,

- Personalised safeguarding plans,

- Safeguarding leaflets and information posters

- Support from the Trust PAL's service,

- o Advocacy Service,

- o Complaints and Complements Service,

- o Service User Forums

**University Hospitals Coventry and Warwickshire NHS Trust
Safeguarding Adults and Children Annual Report 2013/14**

The Safeguarding Adult and Children team have actively participated in the delivery of the 2013/14 priorities alongside all the partner agencies. The co-location, and the implementation of the UHCW joint adult and children safeguarding team in April 2014, has strengthened the ability of the individual team members to deliver a quality service throughout 2013/14. This has been a challenging year for the health and social care economy locally in relation to the high profile Serious Case Reviews, however, the team have responded very positively to these events and have supported their colleagues and partner agencies throughout the process.

UHCW Priorities for 2014/15

- To actively participate and support the delivery of the Warwickshire Safeguarding Adult Board Priorities for 2014/15, which includes maximising the opportunities to improve information sharing across all the partner agencies.
- To meet the 90% training compliance target by September 2014.
- To ensure that safeguarding team is developed to meet the future service demands.

UHCW Team Achievements for 2013/14

The Safeguarding Adult and Children team has been co located and operational now for a year, which has provided significant benefits in terms of both operational functionality and individual team support. The team now includes a support midwife and additional administration support is now available for the team. This additional input has allowed the team to incrementally improve the training compliance figures month on month throughout 2013/14. This additional team support will also help

achieve and sustain the delivery of the 90% compliance target figure by September 2014.

The e alert system has resulted in the team being able to respond promptly to the needs of at risk individuals who attend UHCW. This has had a positive impact for all involved:

- The service user gets rapid protection
- The staff supporting the case are aware of the risk factors and can get immediate support and advice from the Safeguarding team
- There is corporate assurance that at risk individuals attending UHCW receive, timely needs assessed protection.

South Warwickshire NHS Foundation Trust

Achievements & Developments

Safeguarding Adults remains a priority for the Trust, this is demonstrated by bi-monthly operational meetings, attendance at the WSAB meetings and subgroups and quarterly reports to the Clinical Governance Committee. The role of the Safeguarding Operational Group is to ensure the Trust is kept up to date with national and local changes and developments.

The operational group review all safeguarding incidents, the purpose of this review is to identify and analyse them so gaps and learning can be identified and best practice can be shared across the Trust.

A mapping exercise was undertaken that aimed to investigate where the Trust benchmarked against CQC, WMQRS standards and the WSAB strategy. The gaps identified have been developed into an action plan for the Trust.

NICE guidance on Domestic Abuse was released In February 2014, the Trust has partial compliance with the guidance, this was identified as there are gaps within our training and education provision, to ensure this gap is closed the recommendations have been drafted into the new presentation that will be delivered on the clinical mandatory training. Once the presentation has been launched amendments will be made to the E-Learning packages.

Learning Disability provision in the acute service was audited in 2014 by our external auditors, following this audit an action plan was developed and I am pleased to report all of our actions have been completed. The Acute Liaison Nurse for Learning Disabilities presented the work at a recent Clinical Quality Review Meeting within the Trust.

Warwickshire Safeguarding Adult Board – Workforce Development Team have launched an interactive E-Learning Site for Safeguarding Adults. Warwickshire Interactive Learning Management Environment (WILMa) is free for all staff who shares partnership on the WSAB. A link to WILMa has been added to the Trusts intranet site.

For the purposed of internally auditing the Trusts Safeguarding Adults Policy and Procedure a Safeguarding Adults 'Care Bundle' has been developed. The care bundle outlines the procedure to follow to make a successful referral.

George Eliot Hospital NHS Trust

Introduction

The background against which protecting adults at risk of harm and abuse is continuously evolving and there is evermore increasing public and organisational scrutiny to ensure that individuals who access health services are protected from harm and neglect and receive high standards of care delivered with dignity, respect and compassion.

Since the publication of the Francis Report (2013) and subsequent major health reviews which have identify failures in the care system, public confidence has been seriously affected. This has resulted in even greater emphasis being placed on rigor and candour and developing organisational cultures where employees are proactively encouraged to raise concerns. The Trust continues to build on its reputation of openness and transparency and improvements in quality and performance made over the past 3 years, one of its strategic objectives is to constantly deliver high quality care in a safe environment.

The Care Act (2014) now provides a clearer legislative framework for the protection of adults at risk of harm and abuse. The Trust is a committed partner organisation of Warwickshire Safeguarding Adults Board (WSAB) and welcomes the strengthening of statutory duties to protect individuals at risk and awaits developments in terms of the Warwickshire's response to ensuring that the requirements of the act are fully integrated into policy and procedures.

This report is intended to provide an update of activities associated with adult safeguarding since the last report of 2013.


1. **Safeguarding referrals**

At the time of the last report in 2014 there had been a 1% increase in the concerns raised by staff based on figures from the previous year however, there doesn't appear to have been a significant increase in the number of concerns raised.

2. **Analysis of referrals**

Trust staff continue to identify people admitted who are vulnerable because of their increasing frailty and declining physical and mental health problems which, result in difficulties in their ability to maintain health and well being without support. The majority of cases require complex case management and discharge planning support. In most instances where reports of carer neglect are identified investigation normally reveals situations where neglect is not intentional but is a result of lack of information and knowledge about when and how to ask for help.
69% of referrals concerned women at risk of harm or abuse which is a 9% increase on the previous year.

Concerns by Age Group June 2013 – May 2014
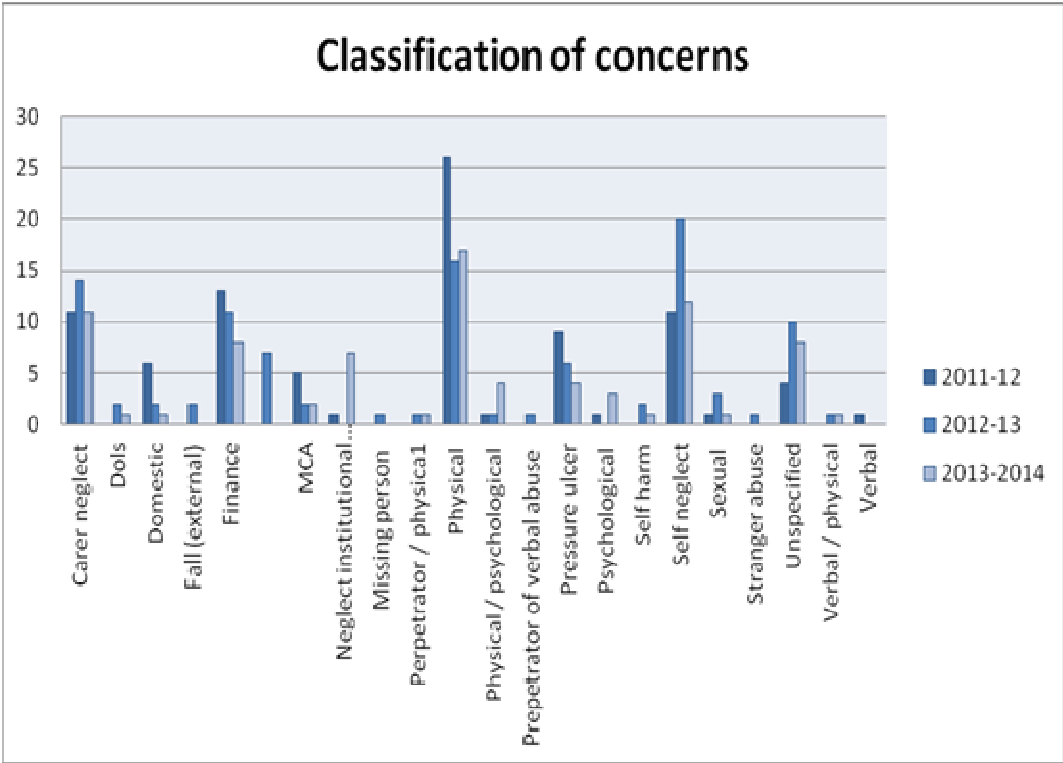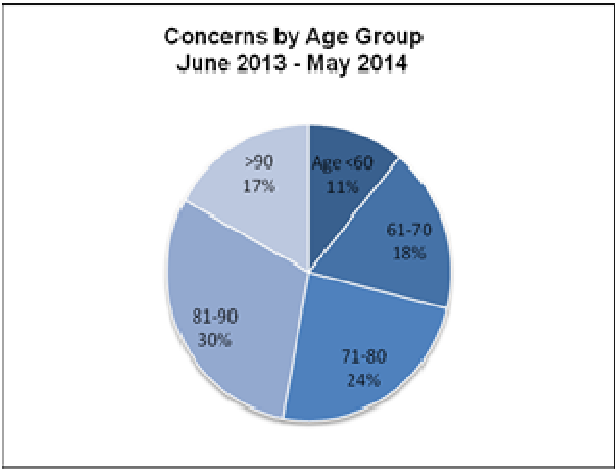
By far the highest number of concerns raised are associated with people who have a diagnsosis of dementia. The National Dementia Strategy and the Trusts composite approach towards improving the care of people with dementia in an acute hospital are designed to raise dementia awareness with staff and help then with understanding the particular care needs of this very vulnerable group of individuals and the needs of their carers.

Adults at Risk
Concerns by Condition
June 2013 - May 2014
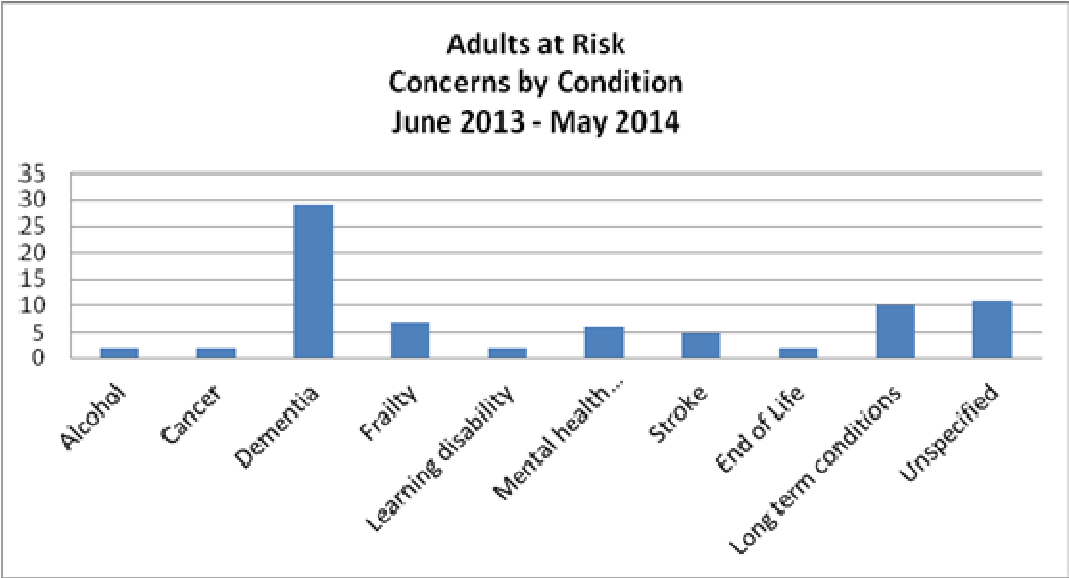
Good examples of how the principles of adult safeguarding policies and procedures are implemented and by working in true partnership positive outcomes are experienced by people who are identified as being most at risk.

Patient story

Mr D was a 50 year old man was admitted as an emergency from a local hostel with significant medical problems. His story describes a series of tragic events beginning with the death of a child, marital breakdown, loss of business and livelihood and homelessness leading to acute mental health problems and alcohol dependence.

During the early part of the Mr D's stay he confided concerns about his experience at the hostel to EMU staff who immediately recognising that there were adult protection issues reported the concerns.

There were a number of issues relating to the way the hostel was run including residents being deprived of control over finances and accessing medical care. Mr D's risks of harm were considerable in terms of his physical and psychological well being, mental health, financial and institutional abuse. Because of his mental health problems he was unable to take the necessary steps to address the situation he had found himself in.

Support for Mr D during his stay and for sometime after his discharge was provided by the Hospital Chaplaincy.

The Lead Practitioner for Adult Safeguarding (Hospitals) co-ordinated safeguarding activities involving the police, local authority housing, hospital, GP, alcohol dependency team and benefits agency. The outcomes for Mr D were positive in that:

- his personal property and bank cards were retrieved from the hostel,
- housing was secured in this area for him even though he had formerly been a resident in another area ,
- the benefit check enabled him to access additional financial support
- spiritual support was identified
- help with alcohol dependency was initiated
- Mr D's sense of worth and wellbeing was promoted

This story illustrates how training has improved staff awareness and understanding of how to respond to alerts and also how partnership working promotes the best outcomes for those at risk.

3. Training

The compliance level for Adult safeguarding training is 96% of all staff having received basic training and the Trust has a current compliance rate of 98%.

At the beginning of the year following mandatory training evaluation lead trainers reviewed the format of all in-house safeguarding training.

Monthly Compliance Reporting	March 2014	Apri1 2014	May 2014
Statutory & Mandatory Training - Mandatory - Rolling average	91%	91%	91%
Safeguarding Vulnerable Children and Young People- L1 - Rolling average	100%	99%	100%
Safeguarding Vulnerable Children and Young People- L2 - Rolling average	80%	82%	85%
Safeguarding Vulnerable Children and Young People-L3 - Rolling average*	90%	88%	96%
Safeguarding Vulnerable Adults	98%	97%	98%
Dementia awareness	98%	96%	98%

4. Work plan

A standing item on the agenda of the Safeguarding Adults Trust Group concerns identification of key priorities and the review all activities designed to deliver the identified objectives.

Priority	Objective	Actions
Self Assessment Framework	Continuous improvement against the national self assessment framework and develop action plans to address areas for improvement	• To continue to carry out an organisational self assessment and develop action plans to address areas for improvement • Reporting mechanism via existing governance structures beginning with the Trust Safeguarding Adults Group
Training	To ensure that the Trust has a workforce that can identify forms of abuse and take the necessary actions to support the individual and report concerns. To identify learning and development activities that address the fundamental requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards which underpins practice for everyone involved in the care, support and treatment of vulnerable adults.	• Review existing training needs analysis • Agree target compliance levels • Monitor and report training compliance on a monthly basis
PREVENT	Respond to the national counter terrorism strategy in terms of recognizing when people are being exploited for terrorist related activities	• Monthly training sessions • Monthly monitoring and reporting to regional PREVENT lead • Information leaflets
Mental Capacity Act	Ensure adherence to the Mental Capacity Act and Deprivation of Liberty Safeguards.	• Randomised case note audit to review record keeping in line with the assessment of mental

Deprivation of Liberty Safeguards		capacity, exploring the policy practice gap • Review DNAR records for compliance with sections relating to mental capacity and DNAR decisions • Increase staff training for all staff groups • Report findings and monitor progress as part of the work of the Trust Safeguarding Adults Group • Repeat audits after 6 months
Quality agenda	Zero tolerance on avoidable pressure ulcers. Improving nutrition and hydration in hospital Reducing patient harms Improving the experience of patients with dementia within the acute hospital setting Improving incident reporting Empowering patients and carers	• Use of quality monitoring and reporting tools i.e. Nurse sensitive indicators, safety thermometer, dementia care bundle etc. • Identification of senior nursing responsible for development and implementation of actions associated with quality improvement work plans. Close monitoring of all specific quality related work plans e.g. dementia. falls prevention, nutrition, tissue viability, infection prevention etc. • Agreed reporting mechanisms both internally and externally • Staff engagement and involvement in the incident reporting process, investigation of incidents and arrangements for providing
Policy review	To ensure that local policies reflect the requirements embodied in national policy particularly in light of the Care Act 2014 and recent case law.	• Support engagement with WSAB sub groups in terms of policy development and implementation • Review all local polices associated with the protection of adults at risk of harm and abuse
Domestic abuse	To implement lessons learnt from incidents	• Confirmation of Domestic Abuse Lead

and violence	and Domestic Homicide Reviews in order to improve awareness of what constitutes domestic abuse and for staff to be aware of options for referral and to take positive action	• Co-ordinate a DA policy alongside policies for safeguarding vulnerable adults and children • Arrange appropriate awareness and training sessions • Create a DA intranet page with information on DA and referral pathways and support options • Ensure that alerts are placed on Lorenzo in cases where DA is known or suspected • Foster the addressing of the question of DA in all patients in key areas as above and providing opportunities to disclose in all other cases.

5. Developments

As a consequence of participating in the National Safeguarding Adults Leadership Programme and as a result of the lessons learnt following the serious safeguarding incident concerning a member of staff the adult safeguarding lead and executive safeguarding lead identified an opportunity to explore whether there was a system for the early detection of problem behaviours of staff where there are escalating catalogues of incidents or deteriorating trends of behaviour which are managed in isolation until a crisis event occurs.

The Safeguarding in the Workplace Report (McKenna et al 2012) resulted from research commissioned by the Independent Safeguarding Authority (ISA) which examined the lessons learnt from cases referred to the ISA specifically in terms of the behaviours exhibited, the circumstances i.e. relationships, culture and policy which led to actions being taken by their employers.

The project looked at examples of potentially problem behaviours and grouped them into four main categories and a system devised to enable managers identify levels of risk according to the seriousness or frequency of concerns and then respond to the problem in a structured way.

Characteristic / Category	Examples
Behaviour	Changes in body language and demeanour Over familiarity with patients and members of the public

	Lack of engagement with colleagues
	Difficulty in forming relationships with others
	Language – use of offensive language, swearing , inappropriate suggestions
Compliance	Problems with timekeeping
	Unexpected or unexplained absence
	Non-compliance to change
	Misuse of internet sites whilst on duty
	Disregard for policy and procedures
	Misuse of social media to make work related comments
	Misuse to phones to take and broadcast photographs taken on duty
Attitude	Displays of insensitivity and abruptness
	Required to attend management sessions
	Negative or poor attitudes towards patients, relatives, visitors, members of the public
	Poor customer care responses
	Bullying
Safety	Involved in a 'harm' event
	Involved in a complaint
	Involved in more than 1 case in either of the above

Initial testing of the system was carried out with retrospective reviews of conduct and capability cases to gauge whether the system was practical and the scoring threshold reasonable. At this stage the tool was launched as a developmental project with ward managers and training sessions were carried out after which managers were encouraged to test the tool for themselves using scenario situations.

Typically in the cases reviewed issues with behaviour and maintaining professional relationships within teams was commonplace and individuals were either named in complaints directly or investigation identified them as being involved in the complaint. The individuals concerned failed to provide care with compassion and respect. In the cases where those members of staff had been more closely supervised and managed conduct and behaviour improved.

The project is by no means complete and gaps in the process are yet to be completed as a result of initial testing. The tool has initially been named the Wardell-Draper Wellbeing Tool and the emphasis on developing the work is associated with a concept of staff well being rather than a pure management tool or safeguarding tool. The effectiveness of the tool will be measured by whether or not the theory behind its development translates into effective actions and a useful approach to the promotion of safety and harm free care.

6. Recommendations

- To continue to support the partnership arrangements of Warwickshire Safeguarding Adults Board
- To enhance leadership competencies of staff
- To continue with the development of the Wardell – Draper Wellbeing project

Warwickshire County Council: Social Care and Support

The Social Care and Support Business Unit within Warwickshire County Council provides services for adults living in Warwickshire including support for people who care for others, older people with long term health conditions, people with learning disabilities, people with physical or sensory difficulties, those with mental health needs, drug or alcohol problems and those with HIV/AIDS. The primary functions of the Social Care and Support Business Unit are associated with delivery of the council's adult social care duties and responsibilities. We assess the needs of people who ask for help and, where appropriate, make arrangements for a personal budget to be allocated for eligible people to devise a support plan to meet those needs.

Adult Safeguarding- Operational response

In relation to Safeguarding of Adults, Social Care and Support leads the operational response to all referrals received by the Council relating to vulnerable adults who may have needs related to age, physical or learning disability or ill health, and who may be at risk of abuse and neglect.

Social Care & Support Safeguarding Adults activity:

Safeguarding Alerts / Enquiries managed by WCC Social Care & Support
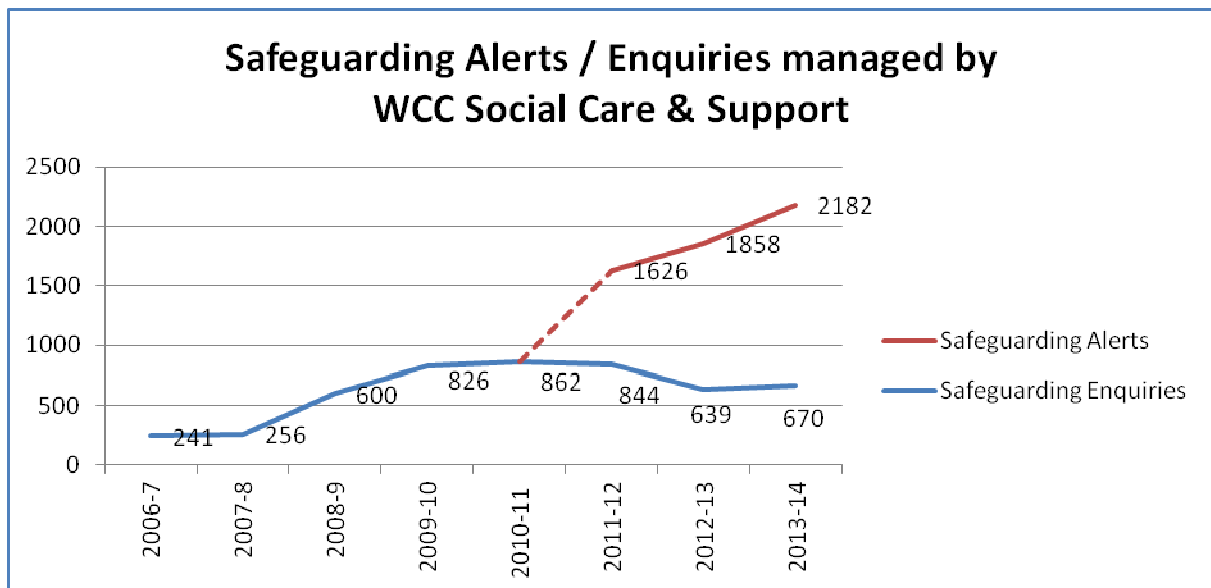
2013-14 saw a continued rise in Safeguarding Adults Alerts with 2182 Alerts received by the Council compared to 1858 Alerts in the previous year 2012-13, a significant overall rise of 17%. The continued year on year increase in referral rates witnessed since 2007 has led Social Care & Support to develop its Safeguarding Adults Short-term (SAST) Team. The purpose of which is to:

- Provide a single front door to deal with all Safeguarding Adults Alerts received by the Council, and deliver consistent responses within this model.

- Provide a service that can target response on immediate and authoritative action at the outset, addressing immediate safety risks, providing expert advice and support to referring agencies & individuals, and to triage the case to determine if the Alert requires response under the Safeguarding Adults process or other processes.

- Support all Social Care & Support teams to demonstrate good quality adult safeguarding practice through the provision of frontline management case oversight/support to other teams and practitioners who are addressing adult safeguarding concerns in their own casework.

This service model has been subject to formal operational review in 2013-14, which confirmed that the operating model continues to deliver authoritative, timely and informed interventions for vulnerable adults. The review evidenced that the SAST team manages 85% of all Safeguarding Adults alert activity within Social Care & Support, and 72% of all Safeguarding Adults Assessment activity. Quality of practice at alert screening stage has been audited, with cases audited being judged to have applied Safeguarding Adults thresholds appropriately and correct screening decisions made. Safe practice was demonstrated in all cases.

Focus for 2014-15:

One of the key outcomes for Social Care & Support is that *People are safe from abuse*. To deliver this outcome, Social Care & Support will:

- Fully support the functions of the Warwickshire Safeguarding Adults Board.

- Determine Adult Safeguarding activity trends, alerts, referral, response and demand.

- Develop and Maintain effective and responsive Multi-Agency Safeguarding Vulnerable Adults policies and procedures.

- Develop and maintain an effective and responsive Safeguarding Vulnerable Adults service, able to deliver timely and proportionate safeguarding interventions.

- Lead and support timely and effective multi-agency responses to Adult and Children's Safeguarding.

- Commission Learning and Organisational Development opportunities that ensure best practice in Adult and Children's Safeguarding.

  (Social Care & Support Business Unit Plan 2014-18)

The Care Act 2014 places specific duties on Local Authorities in relation to the Safeguarding of people with care & support needs. The focus for Social Care & Support in preparation for the implementation of these duties in April 2015 will be reviewed in light with our operational processes and ensure that they are fit for purpose to deliver the new Care Act.

The experience of vulnerable adults who are at risk of abuse:

Delivering personalised services is a key driver for Social Care & Support, with frontline practice reflecting an approach which supports individuals to take as much control as they are able to, promotes improved outcomes, and balances safety and protection with enablement and self-determination.

To understand user experience through the adult safeguarding process, the SAST team has been gathering information on whether people are happy with the support they have received and whether people feel safer as a result. The information collected indicates that overall, the satisfaction and experience people supported through the safeguarding adults process is positive. Of the people where it was possible to gather the information, 94% of people were happy or partly happy with the outcomes they had achieved, and 85% of people stated they felt safer or partly safer than before the Safeguarding Adults intervention and process. People were also asked for their views and comments about the support they had received and the outcomes they had achieved. Some examples are included below:

Views and comments expressed by vulnerable adults supported by Social Care & Support-

Anna* [Social Worker] is the only person who has ever treated me like an adult and has ever been proud of me. Anna has helped me move on in life and never tried to tell me what to do we just talked about stuff and solved problems.

I'm happy that I have more help and that people are looking out for me when my husband is in Hospital. I am happy my flat is being monitored by the police as I feel a bit safer, but I will not let Janet* into my flat.

I am so grateful you helped me go to the doctors and get my medication sorted so I can sleep better which then means I do not have to have contact with John*. I am happy that you helped me work through the situation and how you built up my confidence to rebuild my life.

I am happier now I have more help, I feel safer now that I know Peter* will not hurt me anymore and that people are looking after me. I want to stop here and this means I can now with your help.

I am happy now as I do not have to worry about money. Now that I have changed I see my family more and this is because I no longer drink alcohol, and I realise I want to see my kids more than I want to drink.

* Real names not used.

Warwickshire Police

Warwickshire Police undertakes activity to safeguard vulnerable adults at both a strategic and operational level. In doing so it works closely in partnership with other statutory and voluntary agencies. At the strategic level, duties and responsibilities are exercised through active membership of Warwickshire Safeguarding Adults Board and through the development of Police policy and standard operating procedures that take cognisance of national strategy and research, as well as local need.

At the operational level, Warwickshire Police work closely in partnership on a day-to-day basis to undertake activity to safeguard vulnerable adults, taking primacy for the investigation of cases where it is believed a criminal offence may have taken place. This activity is done in compliance with the *'Warwickshire Inter-Agency Safeguarding Vulnerable Adults (Adult Protection) Policy & Procedure'*, and in line with operational guidance issued by the Association of Chief Constables (ACPO) and the College of Policing. This includes working closely with agencies at a local level when delivering neighbourhood-policing services, as well as the provision of specialist 'Protective Services' resources.

A particular focus of Warwickshire Police over the last 12 months has been the continuing development of policing services in alliance with neighbouring West Mercia Police. The two forces now deliver all services together within a single policing framework across Warwickshire, Herefordshire, Worcestershire, Shropshire and Telford & Wrekin. This includes a single 'Protecting Vulnerable People' (PVP) department with responsibility for child protection and abuse investigation, safeguarding vulnerable adults, domestic abuse, missing persons, and the management of registered sexual offenders and violent offenders

A Detective Superintendent heads the overall PVP department for Warwickshire Police and West Mercia Police, with a Detective Chief Inspector leading PVP within each of three geographical areas: Warwickshire, Herefordshire/Worcestershire and Shropshire/Telford & Wrekin. Operational responsibility for overseeing adult safeguarding within each area is led by a PVP Detective Inspector, who has specialist investigative resources at their disposal.

A 'Harm Assessment Unit' within Warwickshire PVP manages and coordinates all referral activity into and out of the Warwickshire Policing area and acts as the gateway to adult safeguarding and mental health pathways. Over recent years an investment has been made in providing better training for staff on recognising vulnerable adult issues that may need a safeguarding intervention and this increased awareness has resulted in an increase in referrals from the Police. This in turn improves the opportunities for a multi-agency approach to identify vulnerable people within the community and provide the support they require.

Warwickshire Police referral/notification activity for this period was as follows :

Warwickshire Police PVP HAU External Referrals 2012-2014* (DOMESTIC ABUSE)

	Children's Social Care			Children's Social Care (2+ criteria)			Adult Social care			Mental Health			GP/Other NHS			DA Support Services (first review only)			Alcohol/Drugs Services			Total		
	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-
April	337	187	-45%	36	119	231%	19	7	-63%	106	121	14%	225	158	-30%	145	128	-12%	5	6	20%	873	726	-17%
May	288	202	-30%	72	144	100%	20	12	-40%	87	147	69%	216	192	-11%	144	134	-7%	17	3	-82%	844	834	-1%
June	255	195	-24%	49	158	222%	11	12	9%	80	109	36%	180	203	13%	128	122	-5%	19	6	-68%	722	805	11%
July	365	279	-24%	38	175	361%	19	11	-42%	116	165	42%	263	252	-4%	151	182	21%	17	6	-65%	969	1070	10%
August	365	176	-52%	20	162	710%	18	11	-39%	104	135	30%	244	182	-25%	144	122	-15%	21	3	-86%	916	791	-14%
September	299	178	-40%	2	191	9450%	10	12	20%	81	131	62%	198	182	-8%	105	149	42%	11	3	-73%	706	846	20%
October	368	181	-51%	28	187	568%	7	9	29%	94	135	44%	226	176	-22%	134	118	-12%	11	3	-73%	868	809	-7%
November	296	144	-51%	31	177	471%	10	6	-40%	111	115	4%	185	172	-7%	134	113	-16%	5	4	-20%	772	731	-5%
December	326	168	-48%	36	174	383%	10	11	10%	91	99	9%	194	168	-13%	117	148	26%	6	5	-17%	780	773	-1%
January	266	204	-23%	63	153	143%	9	15	67%	85	109	28%	176	185	5%	108	153	42%	2	0	-100%	709	819	16%
February	222	129	-42%	70	185	164%	13	16	23%	102	89	-13%	172	170	-1%	98	128	31%	3	1	-67%	680	718	6%
March	204	138	-32%	80	185	131%	21	12	-43%	124	93	-25%	164	181	10%	101	123	22%	5	3	-40%	699	735	5%
	3591	2181	-39%	525	2010	283%	167	134	-20%	1181	1448	23%	2443	2221	-9%	1509	1620	7%	122	43	-65%	9538	9657	1%

*Does not include referrals to MARAC

Warwickshire Police PVP HAU External Referrals 2012-1014 (OTHER INCIDENTS)

	Children's Social Care			Children's Social Care (2+ criteria)			Adult Social care			Mental Health			GP/Other NHS			CAMHS			Alcohol/Drugs Services			Total		
	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-	2012/13	2013/14	% +/-
April	34	83	144%	0	1		17	49	188%	9	32	256%	5	0		1	1		2	1		68	167	146%
May	51	62	22%	0	0		28	57	104%	6	33	450%	2	0		0	0		0	1		87	153	76%
June	55	51	-7%	0	1		42	44	5%	24	26	8%	0	0		1	1		1	1		123	124	1%
July	66	68	3%	0	1		48	31	-35%	30	36	20%	0	0		0	0		0	1		144	137	-5%
August	72	71	-1%	0	0		37	45	22%	26	38	46%	0	0		1	0		1	2		137	156	14%
September	50	53	6%	0	0		48	40	-17%	34	39	15%	0	0		0	0		2	1		134	133	-1%
October	54	70	30%	2	0		37	40	8%	19	36	89%	1	0		0	0		1	1		114	147	29%
November	42	58	38%	0	0		32	27	-16%	27	18	-33%	0	0		0	0		0	0		101	103	2%
December	55	53	-4%	0	0		50	37	-26%	27	22	-19%	0	0		0	0		2	0		134	112	-16%
January	55	45	-18%	1	0		47	45	-4%	29	36	24%	0	0		1	0		1	0		134	126	-6%
February	67	78	16%	0	0		36	33	-8%	40	33	-18%	2	1		2	0		1	0		148	145	-2%
March	52	65	25%	2	0		31	30	-3%	20	27	35%	0	0		0	0		0	1		105	123	17%
	653	757	16%	5	3		453	478	6%	291	376	29%	10	1		6	2		11	9		1429	1626	14%